WELFARE in REVIEW

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OF HEALTH,
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Welfare Administration

Children's
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Services

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Office of Juvenile
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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Epilepsy

Some Social, Psychological, Educational, Economic, and Legal Aspects

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EPILEPSY has existed as a complex, handicapping condition since earliest times. In recent years, the problem has taken on new dimensions, in large part because of the difficulties that the physically handicapped face in achieving full participation in an increasingly urban and technical society. Yet most of the serious handicaps now suffered by many persons with epilepsy can be eliminated or significantly reduced by adequate medical care; by ameliorative social, economic, educational, vocational, and psychological services; and by needed legal reforms. The realization of these possibilities rests on an extension and further development of relevant medical, educational, vocational, and welfare programs, with emphasis on prevention, treatment, economic support, and further research.

A number of public and private voluntary agencies on the local, State, and national levels are currently directing vigorous attention to the problems of epilepsy. Various offices of the Department of Health, Education, and Welfare are taking leadership in this field. Medical and vocational aspects are handled primarily by the Public Health Service and the Vocational Rehabilitation Administration. Social-psychological and economic problems are of particular concern to the Welfare Administration.

This concern stems from the basic philosophy and responsibilities of the Welfare Administration and the units within it. For instance, the Children's Bureau, which has as its objective the maximum development of the physical, social, emotional, and intellectual potential of all children and youth, has an important stake in the prevention and treatment of childhood and adolescent epilepsy. The Bureau of Family Services, with its concern for the prevention and treatment of economic dependency and the promotion of the social welfare of people in all age groups, has a vital role to play in providing social and economic services to persons afflicted with epilepsy and to their families. Since epilepsy seems to be increasing among the elderly, it is also of concern to the Office of Aging.

Because of the interest of the Welfare Administration in provision of needed services, promotion of staff development, and launching of necessary research in regard to epilepsy, staff in the Office of the Commissioner recently reviewed and prepared an administrative report on the social, psychological, economic, educational, and legal aspects of epilepsy. The structure and activities of public and voluntary agencies concerned with epilepsy were also examined. Included in this review were: available social, psychological, and educational research findings; reports from, and consultations with, a variety of Federal and national voluntary agencies; and basic treatises

*For references, see end of article.

on epilepsy recommended by medical specialists in the Department. This exploratory work will help provide a background for further study and action.

The following discussion, based in part upon this review, is concerned primarily with certain nonmedical aspects of epilepsy. Since these aspects are inevitably related to the nature of the physical disorder, however, some of the important medical characteristics must be stated.[1]

SOME BASIC MEDICAL ASPECTS

Definition

The word "epilepsy" is derived from the Greek word for "seizure." A seisure may be described as a temporary loss or impairment of consciousness; it usually occurs without apparent cause and is usually accompanied by muscular movements which may range from a slight twitching of the eyelids, as in petit mal, to a violent shaking of the entire body, as in grand mal.[2]

Petit mal attacks are suffered more frequently by the affected individual than are grand mal attacks, although the latter are apparently more prevalent in the population. Parents, relatives, and teachers often overlook petit mal in children since the symptoms are so slight. Some children who are diagnosed as behavior problems or as having reading difficulties may be actually suffering from petit mal types of seizures.

Psychomotor, Jacksonian, and minor motor forms of epilepsy represent less common types of seizure. The psychomotor form is the most difficult to diagnose, but it occurs in approximately one-third of adults with epilepsy. Psychomotor seizures may appear to be only a temper tantrum or a period of odd behavior. Most such attacks last only a few minutes, but with a few individuals they continue longer.

Minor motor seizures are associated with the one type of epilepsy that is frequently related to mental retardation. This form occurs in about 5 percent of epileptic patients. It has the poorest prognosis of all types.

Most physicians use the term epilepsy as a diagnosis when patients suffer from seizures and when no definite disease can be demonstrated with the available diagnostic techniques. When the physician is able to discover a specific condition such as a brain tumor, hypoglemia, or infection of the brain, the patient is classified as having seizures related to that medical disorder.

Incidence

The incidence of epilepsy is difficult to determine because patients and families often desire secrecy, physicians are not required to report the disorder, and cases may be diagnosed incorrectly. Secrecy on the subject of epilepsy is a major problem. Since superstition, employment barriers, repressive laws, and rejecting attitudes toward persons with epilepsy have been common, many victims consider it imperative to conceal their condition.

According to estimates, epilepsy occurs in the population at the rate of from one-half of 1 percent, to 1 percent; if cases of spasmodic seizures are included, the rate is probably much higher. Thus at least 1 million people in the United States are believed to be afflicted with epilepsy.

Epilepsy may be increasing at the present time, partly because some children with brain damage who once would have died at birth are now saved through improved medical techniques. The increasing number of elderly people in the population is another reason to suspect a rising incidence.

The great majority of patients display their first symptoms of this disorder before they are 20 years old. The peak age for development of seizures is during the first 2 years of life. Another high point is during adolescence. Although the majority of patients seem to display their first symptoms of epileptic-type

seizures in their early years, anyone is subject to a seizure or convulsion at any age. Many patients seem to recover spontaneously from seizures as they reach their adult years. Incidence is not known to be related to sex or race.

While there is no available evidence to indicate that epilepsy is more common among low-income groups, logic would suggest that rates may be higher for disadvantaged populations because one of the chief causes of epilepsy and related disorders appears to be associated with inadequate obstetric and pediatric care. Most persons with epilepsy have trouble in finding and holding employment and therefore are more likely to be in a low-income status, although lower class status may have had no role in causing the ailment. The possible association of epilepsy with poverty will remain in the speculative realm until adequate epidemiological studies can be made.

Causation

While the basic causes of epilepsy are generally considered to be physical in nature, involving various sources of damage to or malfunctioning of areas of the brain,[3] precipitating factors in the onset of seizures may include: emotional disturbances, sleep, menstruation, withdrawal of antiepileptic drugs, fever, unusual stimulation, allergies, alcohol, fluid intake, drugs, and anesthetics.

Treatment

The chief means of treatment of seizures is through drugs. Recent advances in drug therapy have greatly increased the possibility of complete or partial control of the great majority of epileptic seizures. Choosing the correct drug for a particular patient is a complicated matter in many cases and frequently requires an experimental approach on the part of the physician. To be effective, medicines must be taken daily, and most of them have to be continued long after seizures have ceased.

Surgery, a relatively new technique in the treatment of epilepsy, is sometimes used in cases where seizure is apparently related to a tumor or scar tissue on the brain.

Treatment of the epileptic patient also should include help in dealing with associated social, psychological, educational, and employment problems.

Prevention

The known preventive measures against epilepsy include the provision of complete obstetric and pediatric care.

Since untreated seizures may well lead to physical, psychological, social, vocational, and educational deterioration of the patient, early diagnosis and multidisciplinary treatment are important public health and welfare objectives.

SOCIAL-PSYCHOLOGICAL ASPECTS

Since early times, a strong social stigma has been attached to epilepsy--in some cultures, those afflicted with the disorder were thought to be bewitched. A somewhat less superstitious but equally fallacious point of view has held that most persons with epilepsy are mentally retarded or endowed with a specific set of psychoneurotic personality traits. A review of available research findings provides more objective, though limited, information on the intellectual and behavioral characteristics of epileptic patients.

Intellectual Capacity

Several serious sources of error exist in the few available studies concerned with the intellectual capacity of persons with epilepsy:[3-9] (a) the biased nature of the populations studied, (b) the lack of adequate control groups, and (c) in most instances, failure to use specialized testing, scoring, and reporting techniques applicable to subjects in which brain damage or malfunctioning of the brain is present.

Little support can be found for the belief that a person diagnosed as having

epilepsy is likely to be mentally retarded. On the basis of the scanty evidence available, there may or may not be a tendency for him to be somewhat lower in intelligence than the "normal" person. It seems possible that he may have a greater range of differential aptitudes than the nonepileptic individual since he may suffer from organic or functional disorders associated with specific areas of the brain. Further investigation with better samples, better methods of testing, use of matched control groups, and clearer differential diagnoses is necessary before any valid statements can be made about the measured intelligence of persons who have epilepsy compared with the measured intelligence of those who do not.

Personality Characteristics

There are almost no research findings available regarding personality characteristics of persons with epilepsy. In carrying out such research, difficulties exist both in obtaining adequate samples and control groups and in establishing reliable and valid measures of personality. Limited research evidence suggests that persons with epilepsy are likely to be more emotionally unstable than persons in a random sample of the population.[5,10,11] Observations by physicians, psychologists, psychiatrists, and social workers confirm these tentative research findings.[2,3,8,12-14] Although the concept of a "typical epileptic personality" is rejected by research and observation, it is noted that at least some epileptic patients tend to be irritable, hyperactive, and hostile. These behavioral attributes may be particularly noticeable just before and/or after seizures. A number of epileptic patients suffer from depression, anxiety, and low self-esteem. Further research is needed before any precise statements can be made on how common such symtoms are among persons with epilepsy and to what extent such symptoms can be ascribed to life experiences, response to medication, or basic physical disabilities.

Families of Children With Epilepsy

Parents of children with epilepsy, like parents of other handicapped children, are observed to be either overly protective or overtly rejecting of the affected child. Guilt feelings are common. Some social workers observe that out-of-wedlock children who have epilepsy often inspire a great sense of self-blame in the mother. Especially when mothers are attempting to bring up their children alone and have no source of funds other than public assistance, the problems associated with having a child who has epilepsy often seem "overwhelming."[14]

The attitude of the child's siblings toward him may also create difficulties. Jealousy of the ill child, shame, and fear are commonly encountered.

Books written by physicians on the subject of epilepsy stress the importance of medical instruction of the parents so that they can better understand their child's condition and needs.[3,8] While recognition is given to the social, psychological, and economic aspects of the problem, the possible uses of a multidisciplinary team to help patients and their families tend to be overlooked in the available literature in this country. However, Dr. Binchas Lerner, neurologist in the Seizure Unit of the Children's Medical Center, Boston, reports that he finds the multidisciplinary staff (psychiatrist, social workers, and psychologist) with whom he works to be indispensable.[13] Such teams have been used in England for about 10 years, and Denmark uses a modified version of this team approach. The special study group which compiled the WHO technical report on juvenile epilepsy recommends that such a team be used wherever possible.[12] The United Epilepsy League and Dr. Helen Wallace, specialist in public health aspects of epilepsy, have made similar recommendations.[15]

Adults With Epilepsy

Although a number of organizations are actively seeking to help adults with

epilepsy in finding employment and in certain legal areas, inadequate attention appears to be paid to them as individuals or as members of families. There are no research findings available on the subject of family and marital relations of persons with epilepsy. Nor do intensive case analyses appear in the literature. While such recognized authorities as Dr. Samuel Livingston[3] advise that marriage is perfectly acceptable for most persons with epilepsy, that complications of pregnancy rarely occur, that inheritance of epilepsy is not a strong possibility, and that a number of epileptic patients, in his observation, appear to improve after marriage, it seems reasonable to question at least some of his statements.

Experience of social workers, behavioral theory, and deductive reasoning lead to the supposition that parents suffering from epilepsy, especially mothers, must encounter a number of serious problems, particularly if their seizures are not well controlled. For instance, what of the danger of serious accidents while caring for children, laundering, using mechanical appliances, shopping, and so forth? What of the mother-child relationship and the child's sense of security if the mother suffers a severe seizure? The anxiety, irritability, depression, and aggressiveness which many patients suffer from, especially just preceding or following a seizure, are also likely to have an adverse effect on the child and on the marriage relationship itself. In those cases in which the father is out of the home, such problems may be especially severe.

It is likely that many parents with epilepsy are in need of special services such as counseling, homemaker services, and day care facilities.

Education of Children With Epilepsy

Professional educators have written very little on the education of children with epilepsy other than to urge that most of them be admitted to public schools and to observe that most can adjust adequately to the regular classroom. The school needs of the child with epilepsy are generally not treated specifically in the educational literature but rather as part of a larger group of "exceptional children."[16,17] While much more research in this area is indicated, the following tentative observations can be made.

Rapid advances have been made in the past 10-15 years in moving the majority of children with epilepsy into the regular school system. In the past, many were kept at home or sent to special schools and institutions. There are indications, however, that many children with epilepsy have problems entering and remaining in school. Some physicians and social workers report that many teachers and principals are reluctant to accept such children in the school. One survey of the adjustment of elementary students with epilepsy revealed that many were educationally retarded and that many presented behavior problems. While specialized guidance to teachers is recommended by professional persons who work most closely with the problem of education for children with epilepsy, little specific attention appears to be paid to this group of children in the United States. In England, however, active programs are reported.

A survey of educational policy toward school children with epilepsy in this country revealed that school policy and admissions procedures were set by State or local departments of education and administered by school personnel, generally without medical and social work consultation.[15] A plea was made by the author of the study for a multidisciplinary approach, including frequent evaluations of the child's educational progress.

According to studies of higher education in relation to young people with epilepsy,[18-20] most colleges and universities report that they will accept students who have this disorder. The practical experience of physicians, however, suggests that there are many blocks to admission of such applicants. Of those who are admitted, available studies in-

dicate that a sizable proportion achieve at an average-to-superior educational level. There is evidence that specialized counseling, an adjusted workload, and medical supervision enhance the likelihood of the student's success. However, it would be unwarranted to assume on the basis of these studies that students with epilepsy generally have as good a chance for academic achievement as other students in institutions of higher learning, since it is likely that an especially competent and relatively unhandicapped group of students with epilepsy were in college and available as research subjects.

Further multiprofessional supportive services to students with epilepsy at all educational levels seem to be indicated, since it is particularly imperative that they get as much education as possible. They will face unusual barriers to satisfactory employment; educational qualifications can help overcome at least some of them. Moreover, development of interests and abilities would seem likely to minimize some of the frustrations which many probably suffer.

LEGAL ASPECTS

Laws Relating to Marriage

There has been a recent trend toward a more humane approach in reference to marriage laws concerning persons with epilepsy. While many restrictive statutes remain on the books, they are not generally enforced in most States.

In 1956, 17 States had statutes prohibiting the marriage of persons with epilepsy. Largely through the educational efforts of the various organizations concerned with epilepsy, only four States still had such laws in April 1963.[21]

In 13 States, administrators of State institutions are authorized to sterilize inmates who have epilepsy. In addition, two States authorize sterilization of noninstitutionalized persons with epilepsy under certain conditions. Another has a law that allows sterilization of persons who would be likely to produce children with an inherited tendency to epilepsy.

Workmen's Compensation

To counteract the fear of employers that their workmen's compensation premium costs may go up if they hire workers who have epilepsy, legislation seems necessary in more States to provide a "second injury fund" applicable to persons with epilepsy. Such a system ensures that a handicapped worker who suffers a subsequent injury on the job will receive full compensation to cover the resultant disability, while at the same time ensuring that the employer is not penalized for the compensation due for the subsequent injury.

Of the 47 jurisdictions with second injury fund provisions, those of 14 States may possibly apply to persons with epilepsy, but only the Ohio and Kansas statutes specifically offer such coverage. A second injury fund law similar to those in Ohio and Kansas may well be effective as a means of enabling persons with epilepsy to function more normally in the employment market.

Driver Licensing

Persons with epilepsy are prohibited from obtaining a driver's license in 11 States. Four States have standards which must be met by persons with epilepsy before they can be licensed; these States will issue licenses to persons whose seizures are controlled by drugs, on the basis of physicians' recommendations. Under the general safety provisions of licensing laws, eight States require physicians to report all cases of epilepsy to the department of motor vehicles.

A number of authorities on the subject have recommended that persons with epilepsy, if otherwise qualified, be allowed to drive a motor vehicle if care is exercised to ensure that the individual's seizures are under medical control. According to their position, the only person qualified to exercise that care and make a judgment in each case is the attending physician.

Legislation in Wisconsin and Ohio which permits persons with epilepsy to

have a driver's license upon a recommendation from their physicians provides encouraging examples for other legislatures.[21] Both States report satisfactory operation under this legislation.

WELFARE ADMINISTRATION SERVICE PROGRAMS

Children's Bureau

The Federal-State crippled children's program, administered by the Children's Bureau, has expanded its services to children with epilepsy in recent years (chart). The number of children with epilepsy served by the program has increased from about 800 in 1950 to almost 9,000 in 1962. The number of States which include epilepsy among the conditions for which children are eligible for care has risen from 17 in 1950 to 30 in 1962 (incomplete data for 1963 show 33 States include epilepsy).

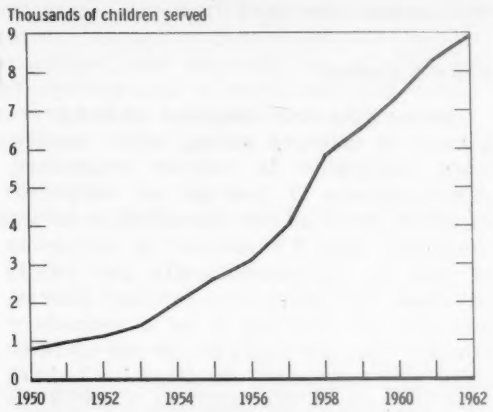
The following table shows the States in which crippled children's programs served more than 100 children with a primary diagnosis of epilepsy in 1962.

State	Number of children
Alabama	531
Colorado	269
District of Columbia	211
Georgia	761
Hawaii	148
Illinois	351
Indiana	112
Iowa	457
Maryland	784
Massachusetts	338
Mississippi	183
New Mexico	112
New York	1,500
Puerto Rico	679
South Carolina	188
Tennessee	120
Virginia	1,403
West Virginia	306

Increases in services have come about partly because of the development of new and improved diagnostic, treatment, and rehabilitative methods, including relatively inexpensive medication that can be provided on an outpatient basis.

The Federal-State program of maternal and child health services, also

Children with primary diagnosis of epilepsy served by the crippled children's program, 1950-62



administered by the Children's Bureau, brings basic health services to many areas, especially areas of economic distress. In 1962, this program provided prenatal care to 283,000 mothers and health supervision to 1.5 million children. Such services contribute to the prevention or early detection of many disorders, including epilepsy.

With the recently expanded Children's Bureau program in research related to mental retardation, new opportunities are opened up for projects in the field of epilepsy in childhood.

While the public child welfare services, which are partially financed by Federal funds, include no specific program for children with epilepsy, many such children are given service either in their own homes or in other living arrangements. These services help children and their families not only in dealing with the numerous personal and social problems associated with epilepsy but also in securing good medical care and in following through with medical directions. This kind of help and interpretation is of special value when children with epilepsy must be placed in foster family homes, group homes, or institutions or when the children need assistance in fitting into a new neighborhood, school, or community. Because seizures can now be controlled in

many children with epilepsy, it is possible to find adoptive homes for many of the children who need them.

Public Assistance

Some data are available on the prevalence of epilepsy among public assistance recipients in certain categories. Approximately 1 percent of recipients of aid to the blind are classified as having epilepsy. For 3.2 percent of recipients of aid to the permanently and totally disabled, epilepsy is the primary illness, and for 1.5 percent it is a secondary illness. In the program of aid to families with dependent children, the fathers in 5 percent of the families in which the father is present in the home are known to have a diagnosis of epilepsy. National data are not available on the prevalence of epilepsy among mothers and children in the AFDC program.

In 1963 public assistance agencies paid $38,660,000 to recipients diagnosed as having epilepsy, under four Federal-State categories: aid to families with dependent children, aid to the blind, aid to the permanently and totally disabled, and old-age assistance. In addition, approximately $9,380,000 was paid by the agencies for medical supplies and services, including $1,180,000 for prescribed drugs. Thus the total direct public assistance expenditure under these programs for persons diagnosed as having epilepsy amounted to over $48 million.

A negligible amount of money was reported as spent for institutional care of epileptic patients. However, this does not necessarily indicate that few epileptic patients are in institutions nor that the cost of institutional care is negligible. It is probable that a sizable number of epileptic patients are in State or local institutions for the mentally retarded. It is also likely that a number are classified as retarded rather than epileptic, adding to the difficulty of measuring the extent of the problem.

Many epilepsy patients must take drugs for long periods of time. The cost of anticonvulsant drugs, though relatively moderate, can be a burden to patients and families whose resources are very limited. A number of States, however, still do not provide for the cost of drugs in their public assistance programs.

FEDERAL RESEARCH

The bulk of federally supported research related to epilepsy is concerned with its medical aspects. Research directed towards vocational rehabilitation has also received considerable attention. While a few projects underwritten by the Veteran's Administration and the National Institutes of Health are directed in part to the social and psychological aspects of epilepsy, none of them are focused primarily on these variables as they relate to persons with epilepsy in a noninstitutional setting.

IMPLICATIONS

It is clear that social, economic, educational, and psychological services and research in regard to epilepsy have lagged far behind developments in medicine. Strong advances in these nonmedical areas will require closely coordinated efforts from the various service and research programs of governmental and voluntary agencies.

Within the field of public welfare, staff at all administrative levels need to be provided with basic information on: the outstanding characteristics of epilepsy in terms of prevention, causation, and treatment; the existing programs that serve persons who have epilepsy; and the social and economic areas of need where programs are either inadequate or nonexistent. Close cooperation with medical and vocational rehabilitation services is essential. There must be integration of social and economic services to children and young people with epilepsy who are in school or in need of being enrolled in an educational program. Other responsibilities of public welfare agencies include special inservice training for social workers,

education of the general public, interpretation to employers, and activities directed toward necessary legislative reforms.

Further basic and applied research in reference to the social, psychological, economic, and familial aspects of epilepsy is strongly indicated.

The Welfare Administration plans to emphasize such areas in its research program, develop improved reporting series, strengthen preventive child health programs, and intensify its attention to the development of comprehensive social services for epilepsy victims and their families.

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Sources of Revenue for the State Share of Public Assistance Payments

REBECCA H. HAYES and DOROTHY BUCKLIN WEST*

DURING the fiscal years 1961, 1962, and 1963, Federal grants-in-aid were available for five public assistance programs--old-age assistance, medical assistance for the aged, aid to families with dependent children, aid to the blind, and aid to the permanently and totally disabled. By the end of fiscal year 1963, some 243 State public assistance programs were financed in part from Federal funds, an increase of 31 from June 1960. New programs of medical assistance for the aged, for which Federal funds were available for the first time in October 1960, account for 29 of the 31 new programs initiated during this 3-year period; the other 2 were programs of aid to the permanently and totally disabled.

To qualify for Federal funds, a State must finance at least part of the non-Federal share of costs for each program from State revenue sources. Whether local funds will be used to meet part of the non-Federal share is a matter for decision by the State. During fiscal year 1963, the non-Federal share of assistance payments under all the federally aided programs was financed entirely from State funds in 26 States. In addition, 13 other States used only State funds for the non-Federal share for at least one program. In only 15 States did the localities bear part of the assistance costs in all the federally aided programs.

In addition to the public assistance programs for which Federal funds are available, all States provide some general assistance, which is financed from State and/or local funds. The role of the State in meeting the costs of this program is much more limited than that assumed for the federally aided programs. Thus, in fiscal year 1963, the entire share of such costs was met from local funds in 16 States; the State met the full cost in only 12 States.

The amount of Federal funds granted to each State is determined in accordance with a formula for each program that is set forth in the basic legislation pertaining to that program. Within the limits set by the formulas, however, the amount of Federal grants to each State depends upon what the State itself spends. Hence the amount of the non-Federal share determines the extent to which the need for financial and other services is met. Because the amount of the non-Federal share is of such crucial importance, the revenue sources from which State funds are derived have been the focus of continuing interest and concern since the inception of Federal grants-in-aid for public assistance.

This article compares the relative proportion of expenditures for assistance payments borne by the three levels of government in 1963 and in 1940, shows the trend in the amount of the expenditures derived from the general fund and from special earmarked revenues from 1940 to 1963, and summarizes the changes in revenue sources that have occurred since 1960.[1]

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*Division of Program Statistics and Analysis, Bureau of Family Services. The authors wish to acknowledge the assistance of Mrs. Gustava Jarvis.

[1]Reports summarizing similar information for earlier years have the same title. The first was for fiscal years 1939-47; subsequent releases have covered a 3-year period including the last fiscal year covered by the preceding release and 2 additional years. Sources of revenue for the State share of administrative costs are not covered in this report; usually they are the same as those for assistance payments.

GROWTH IN AMOUNT OF STATE EXPENDITURES

Over the 23-year period, 1940-63, expenditures for assistance payments from State revenues have almost trebled and the amount provided from local revenues has almost doubled (table 1). The trend has been steadily upward except for two brief periods, the early forties and the early fifties. During the early forties, the unprecedented demand for manpower occasioned by the war effort made it possible for many assistance recipients, particularly those receiving general assistance, to get jobs. Accordingly, over the 3 years, 1940-43, total assistance expenditures for general assistance dropped by more than $300 million, and the State share fell by nearly $200 million. Another drop, but of lesser magnitude, occurred from 1950 to 1954. This period coincided with the Korean conflict, when manpower requirements again picked up, and with changes in Federal legislation, both of which led to reductions in assistance expenditures, primarily for general assistance. Annual increases in State-local expenditures for the federally aided programs (excluding general assistance) have occurred in all but 2 years (1944 and 1954). The State share dropped in both these years and also in 1951 and 1953, when the declines were extremely small.

The rise in State-local expenditures was accompanied by an even sharper rise--an eightfold increase--in the Federal share of assistance payments. The greater relative increase in Federal expenditures resulted from the approval of additional State plans under the Social Security Act as orginally enacted in 1935, the initiation of new grant-in-aid programs (aid to the permanently and totally disabled in 1950 and medical assistance for the aged in 1960), and successive amendments that raised the maximum amount of payments in which the Federal Government would share as well as the rate of Federal participation within that amount.

The shift from 1940 to 1963 in the proportion of total expenditures (federally aided categories and general assistance) borne by each of the three levels of government reflects the trends described above. In 1940, State revenues comprised almost half the total, with the balance about equally divided between Federal and local revenues. By 1963, the State share had dropped to one-third and the local to somewhat more than a tenth (11.4 percent); the Federal share had risen to 55.3 percent.

Although Federal revenues are now the primary source of funds for the assistance programs, State funds represented a larger portion of the non-Federal share in 1963 than in 1940 (table 1). Thus, approximately three-fourths of the non-Federal share came from State revenues in 1963 but only two-thirds in 1940. The shift to greater reliance on State revenues for the non-Federal share of assistance payments was one of the objectives sought under the public assistance titles of the original Social Security Act. To receive Federal grants-in-aid for public assistance, the Act requires, as stated above, that there be State financial participation in the assist-

Table 1. Public assistance: Source of funds for assistance payments, 1940 and 1963

Source of funds	Assistance payments				Increase	
	Amount (in millions)		Percent distribution		Amount (in millions)	Percent distribution
	1940	1963	1940	1963		
Total	$1,039.0	$4,582.8	100.0	100.0	$3,543.8	100.0
Federal	266.7	2,535.4	25.7	55.3	2,268.7	64.0
State	510.6	1,527.0	49.1	33.3	1,016.4	28.7
Local	261.7	520.4	25.2	11.4	258.7	7.3

ance programs. This requirement broadened the tax base for support of public assistance, which had been financed almost exclusively from local revenues derived primarily from taxes on real property (except during the depression of the thirties, when the Federal Government financed a number of assistance and work programs).

SOURCES OF REVENUE FOR STATE FUNDS

State funds for public assistance payments are derived from two sources--general fund revenues, earmarked revenues, or a combination of the two. Collections from State taxes not earmarked for a particular purpose are called general fund revenues and are deposited in what is known usually as a general fund. Tax laws often earmark proceeds of a tax for a particular purpose--sometimes entirely for one or more public assistance programs, sometimes in part for public assistance. The following summary relates primarily to national data. State detail with respect to States using the several revenue sources and the programs financed therefrom is shown in tables 2, 3, and 4. All but six States use the same revenue source or same combination of sources for all of their assistance programs, with 40 States re-

Table 2. Sources of State revenues: General fund and earmarked revenues for public assistance payments, by program, fiscal years 1961-63

State	General fund revenues only 1/	Earmarked revenues only 1/	General fund and earmarked revenues 1/
Ala.: 1961	---	---	A BCDG
1962,1963	---	---	AMBCDG
Alaska	A BC G	---	---
Ariz.: 1961,1962	---	---	A BC G
1963	---	---	A BCDG
Ark.: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Calif.: 1961	A BCD	---	---
1962,1963	AMBCD	---	---
Colo.: 1961,1962	---	A BCD	---
1963	BCD	A	---
Conn.: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Del	A BCDG	---	---
D.C.: 1961,1962	A BCDG	---	---
1963	AMBCDG	---	---
Fla	A BCD	---	---
Ga	A BCD	---	---
Guam: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Hawaii: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Idaho: 1961	A BCD	---	---
1962,1963	AMBCD	---	---
Ill.: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Ind.: 1961,1962	A BC	---	---
1963	A BCD	---	---
Iowa	A BCD	---	---
Kans	---	A BCDG	---
Ky	AMBCD	---	---
La.: 1961	---	A BCDG	---
1962,1963	---	AMBCDG	---
Maine: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Md	AMBCDG	---	---
Mass	AMBCDG	---	---
Mich	AMBCDG	---	---
Minn	A BCDG	---	---
Miss	A BCD	---	---
Mo	A CDG	B	---
Mont	A BCDG	---	---
Nebr	A BCD	---	---
Nev	A BC	---	---
N.H.: 1961	A BCD	---	---
1962,1963	AMBCD	---	---
N.J	A BCDG	---	---
N. Mex	A BCDG	---	---
N.Y	AMBCDG	---	---
N.C	A BCD	---	---
N.Dak.: 1961	---	A BCDG	---
1962,1963	---	AMBCDG	---
Ohio	A BCD	---	G
Okla	---	AMBCDG	---
Oreg.: 1961	BCDG	---	A
1962,1963	MBCDG	---	A
Pa.: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
P.R	AMBCDG	---	---
R.I.: 1961	A BCD	---	G 2/
1962,1963	A BCDG	---	---
S.C.: 1961	---	---	A BCDG
1962,1963	---	M	A BCDG
S.Dak	A BCD	---	---
Tenn.: 1961	---	---	A BCD
1962,1963	---	---	AMBCD
Tex	---	A BCD	---
Utah: 1961	A BCDG	---	---
1962,1963	AMBCDG	---	---
Vt.: 1961,1962	BCDG	---	A
1963	MBCDG	---	A
V.I	AMBCDG	---	---
Va	A BCDG	---	---
Wash	AMBCDG	---	---
W.Va	AMBCDG	---	---
Wis	A BCDG	---	---
Wyo	A BCDG	---	---

1/ A = old-age assistance and M = medical assistance for the aged, both under Title I; B = aid to the blind; C = aid to families with dependent children; D = aid to the permanently and totally disabled; G = general assistance.
2/ Sources specified by State law. All sources not necessarily used in making appropriations for particular year.

lying exclusively on general fund revenues to finance assistance payments under all programs (table 5).

General Fund Revenues

Revenues from the general fund are the major source of State funds for public assistance. In 1959, the proportion of State revenues from this source was 78.0 percent, from which it rose to a high of 80.8 percent in 1963. Prior to 1959, the proportion fluctuated between a low of 69.0 percent and a high of 77.0 percent. The amount from this source in 1963, $1,234 million, is more than three times as great as the amount in 1940, $385 million (see chart and table 6).

The upward trend in the number of programs financed from general fund revenues continued through fiscal year 1963 (see table 7). In 1961, 208 programs were financed from this source, an increase of 10 from the preceding year; in 1962, 221; and in 1963, 227. The 10 additional programs in 1961 included 9 newly initiated programs of medical assistance for the aged, which were financed in each State from the same sources as the State's other public assistance programs, and 1 program of old-age assistance for which the source of revenue changed from earmarked to general fund revenue when Iowa abolished the old-age assistance per capita tax in July 1960. Of the 13 additional programs in 1962, 12 were newly initiated programs of medical assistance for the aged. One

Table 3. Types of State revenues earmarked wholly or partly for public assistance payments, fiscal years 1961-63

Earmarked revenues and State	Code	Program 1/
Sales taxes:		
General sales, use, or gross receipts:	I	
Alabama: 1961		A BCDG
1962,1963		AMBCDG
Arizona: 1961,1962		A BC G
1963		A BCDG
Colorado: 1961,1962		A BCD
1963		A
Kansas		A BCDG
Louisiana: 1961		A BCDG
1962,1963		AMBCDG
North Dakota: 1961		A BCDG
1962,1963		AMBCDG
Oklahoma		AMBCDG
Tennessee: 1961		A BCD
1962,1963		AMBCD
Alcoholic beverages:	II	
Alabama		A
Colorado: 1961,1962		A BCD
1963		A
Kansas		A BCDG
Texas		A BCD
Tobacco products:	III	
Alabama		A
Kansas		A BCDG
Texas		A BCD
Public utilities:	IV	
Ohio		G
Texas		A BCD
Admissions and amusements:	V	
Texas		A
Other:	VI	
Texas 2/		A BCD
License and privilege taxes:		
Alcoholic beverages:	VII	
Alabama		A
Colorado		A
Texas		A BCD
Corporations in general:	VIII	
Alabama		A
Amusements:	IX	
Oregon		A
Texas		A
Coin-operated machines:	X	
Texas		A
Incorporation fees:	XI	
Colorado		A
Other revenues:		
Proceeds of alcoholic beverage monopoly system:	XII	
Alabama: 1961		A BCDG
1962,1963		AMBCDG
Property tax:	XIII	
Alabama 3/		A
Missouri		B
Death and gift taxes:	XIV	
Colorado		A
Rhode Island: 1961		G
Income tax:	XV	
South Carolina: 1961		A BCDG
1962,1963		AMBCDG
Severance tax:	XVI	
Texas		A BCD
Per capita tax:	XVII	
Vermont		A
Stock transfer tax:	XVIII	
Texas		A BCD

1/ A = old-age assistance and M = medical assistance for the aged, both under Title I; B = aid to the blind; C = aid to families with dependent children; D = aid to the permanently and totally disabled; G = general assistance.

2/ Motor vehicles, radios, cosmetics, playing cards, carbon black, cement, oil and gas well servicing, and insurance premiums.

3/ Earmarked for Confederate Pension Fund, most of which is used for old-age assistance.

was a general assistance program which changed from a combination of general fund and earmarked revenues to general fund only when Rhode Island discontinued use of the public assistance reserve fund that had been available for appropriation to finance this program. For 1963, three of the six additional programs financed from general fund revenues were Colorado's programs of aid to the blind, aid to families with dependent children, and aid to the permanently and totally disabled, all of which previously had been financed from earmarked revenues only. Senate Bill 50 of the 1962 Colorado Legislature included a change in the law which requires that the revenues from the various taxes used for support of public assistance programs be credited to the State's general fund after the amount required to finance the State's share of old-age assistance has been deducted. The legislature then appropriates amounts from the general fund to finance the State's share of other federally aided public assistance. Indiana initiated a program of aid to the permanently and totally disabled in 1963 and financed it from the same source as the other three federally aided categories in that State--general

Table 4. States with specified revenues earmarked wholly or partly for public assistance payments, fiscal years 1961-63

State	Program 1/	Revenues earmarked for public assistance 2/
Ala.....	A	Selective sales taxes: alcoholic beverages, tobacco products (II,III)
	A	License and privilege taxes: alcoholic beverages,corporations in general (VII,VIII)
	A	Property tax (XIII) 3/
1961.....	A BCDG	General sales, use, or gross receipts tax (I)
1962,1963..	AMBCDG	General sales, use, or gross receipts tax (I)
1961.....	A BCDG	Proceeds of alcoholic beverage monopoly system (XII)
1962,1963..	AMBCDG	Proceeds of alcoholic beverage monopoly system (XII)
Ariz.:		
1961,1962..	A BC G	General sales, use, or gross receipts tax (I)
1963.....	A BCDG	General sales, use, or gross receipts tax (I)
Colo.....	A	License and privilege taxes: alcoholic beverages,incorporation fees (VII,XI)
	A	Death and gift taxes (XIV)
1961,1962..	A BCD	General sales, use, or gross receipts tax (I)
1963.....	A	General sales, use, or gross receipts tax (I)
1961,1962..	A BCD	Selective sales tax: alcoholic beverages (II)
1963.....	A	Selective sales tax: alcoholic beverages (II)
Kans.....	A BCDG	General sales, use, or gross receipts tax (I)
	A BCDG	Selective sales taxes: alcoholic beverages, tobacco products (II,III)
La.:		
1961.....	A BCDG	General sales, use, or gross receipts tax (I)
1962,1963..	AMBCDG	General sales, use, or gross receipts tax (I)
Mo.....	B	Property tax (XIII)
N.Dak:		
1961.....	A BCDG	General sales,use,or gross receipts tax (I)
1962,1963..	AMBCDG	General sales, use, or gross receipts tax (I)
Ohio.....	G	Selective sales tax: public utilities (IV)
Okla.....	AMBCDG	General use, sales, or gross receipts tax (I)
Oreg.....	A	License and privilege tax: amusements (IX)
R.I.:		
1961.....	G	Death and gift taxes (XIV)
S.C.:		
1961.....	A BCDG	Income tax (XV)
1962,1963..	AMBCDG	Income tax (XV)
Tenn.:		
1961.....	A BCD	General sales, use, or gross receipts tax (I)
1962,1963..	AMBCD	General sales, use, or gross receipts tax (I)
Tex.....	A BCD	Selective sales taxes: alcoholic beverages, tobacco products, public utilities, motor vehicles, radios, cosmetics, playing cards, carbon black, cement, oil and gas well services and insurance premiums (II, III,IV,VI)
	A BCD	License and privilege tax: alcoholic beverages (VII)
	A BCD	Severance tax (XVI)
	A BCD	Stock transfer tax (XVIII)
	A	Selective sales tax: admissions and amusements (V)
	A	License and privilege taxes: amusements, and coin-operated machines (IX,X)
Vt.....	A	Per capita tax (XVII)

1/ A = old-age assistance and M = medical assistance for the aged, both under Title I; B = aid to the blind; C = aid to families with dependent children; D = aid to the permanently and totally disabled; G = general assistance.

2/ Roman numerals show how earmarked revenue has been classified in table 2.

3/ Earmarked for Confederate Pension Fund, most of which is used for old-age assistance.

Table 5. Number of States meeting State share of payments from specified revenue sources, fiscal years 1940 and 1961-63

Revenue source	Number of States in--			
	1963	1962	1961	1940
Total.....	54	54	54	51
Same for all programs:				
General fund revenues only	40	40	39	29
Earmarked revenues only.....	5	6	6	9
General fund and earmarked revenues..	3	3	4	4
Variation among programs.....	6	5	5	9

Table 6. General fund revenues:[1] Amount, percent of State funds, and percentage change, fiscal years 1940-63

Fiscal year	Amount (000)	Percent of State funds	Percent change
1940.....	$385,056	75.4	---
1941.....	343,026	74.0	-10.9
1942.....	299,862	71.2	-12.6
1943.....	280,276	69.4	-6.5
1944.....	298,742	70.2	+6.6
1945.....	308,398	70.3	+3.2
1946.....	396,253	76.6	+28.5
1947.....	473,782	77.0	+19.6
1948.....	551,324	75.3	+16.4
1949.....	601,343	69.1	+9.1
1950.....	794,432	75.0	+32.1
1951.....	766,540	74.8	-3.5
1952.....	729,473	73.2	-4.8
1953.....	697,578	70.7	-4.4
1954.....	678,266	70.6	-2.8
1955.....	738,617	71.6	+8.9
1956.....	766,653	71.2	+3.8
1957.....	839,942	75.1	+9.6
1958.....	920,742	76.1	+9.6
1959.....	998,827	78.0	+8.5
1960.....	1,047,692	78.0	+4.9
1961.....	1,119,154	79.2	+6.8
1962.....	1,195,876	80.7	+6.9
1963.....	1,234,488	80.8	+3.2

1/ Excludes general fund revenues used in combination with earmarked revenues.

fund revenues. Programs of medical assistance for the aged initiated in the District of Columbia and Vermont in 1963 also were financed from this source.

Earmarked Revenues

Some States finance one or more of their public assistance programs by earmarking revenues from a particular tax

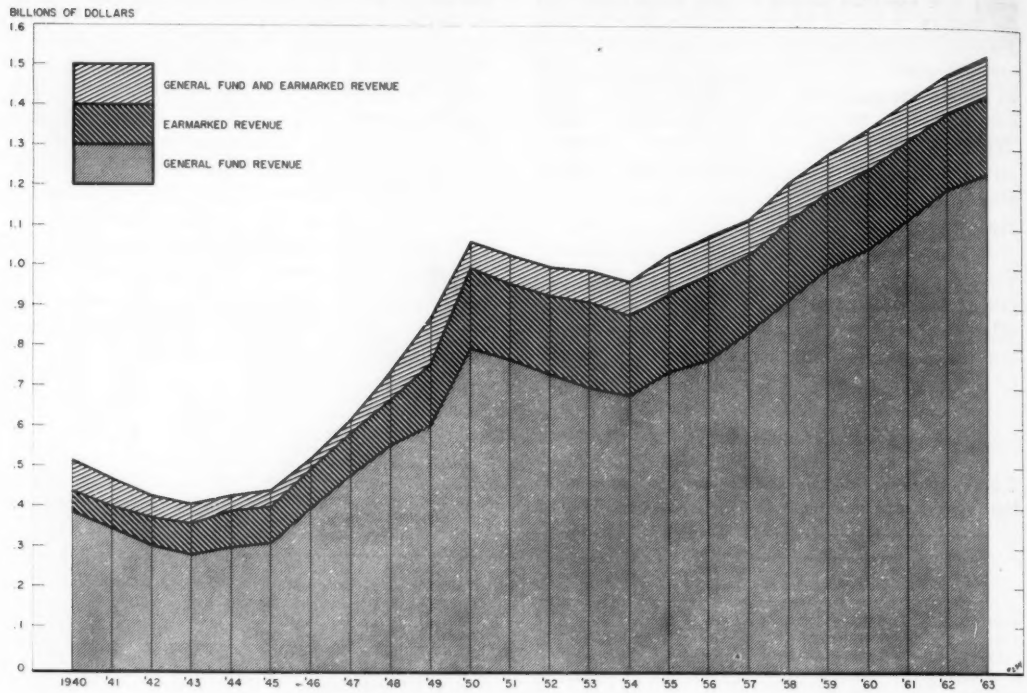
Table 7. Number of programs with State share of public assistance payments financed from specified source, fiscal years 1940 and 1961-63

Revenue source and program	Number of programs in--			
	1963	1962	1961	1940
Total.....	281	277	260	182
General fund revenues only, total.....	227	221	208	122
OAA.....	42	42	42	33
MAA.....	23	21	9	---
AB.....	44	43	43	32
AFDC.....	45	44	44	32
APTD.....	43	41	41	---
GA.....	30	30	29	25
Earmarked revenues only, total.....	30	33	30	40
OAA.....	6	6	6	13
MAA.....	4	4	1	---
AB.....	6	7	7	11
AFDC.....	5	6	6	9
APTD.....	5	6	6	---
GA.....	4	4	4	7
General fund and earmarked revenues, total.....	24	23	22	20
OAA.....	6	6	6	5
MAA.....	2	2	---	---
AB.....	4	4	4	4
AFDC.....	4	4	4	4
APTD.....	4	3	3	---
GA.....	4	4	5	7

for this purpose. The discussion in this section relates to programs for which only earmarked revenues are available; programs financed from earmarked revenues in combination with general fund revenues are discussed in the next section. The proportion of total expenditures represented by earmarked revenues for programs financed entirely from this source has fluctuated over the years from 10.0 percent in 1940, to a high of 21.5 percent in 1953, and down to 12.8 percent in 1963. The amount from this source in 1963--about $196 million--is almost four times what it was in 1940 (table 8).

Of the 14 States using earmarked revenues in 1940 as the only source of revenue for assistance expenditures for 40 programs, only 5 used this source in 1963, for 17 programs (table 9). In addition to these five States, three others made exclusive use of this type of revenue to finance 13 programs. Eight of the nine States no longer using earmarked revenues for this purpose in 1963 had changed to general fund revenues. The ninth State, Arizona, earmarked 15 per-

STATE SHARE OF EXPENDITURES FOR PUBLIC ASSISTANCE PAYMENTS, BY SOURCE OF REVENUE, 1940–1963



cent of the receipts from a transaction privilege tax for public assistance purposes and financed the remainder from general fund revenues.

In 1961, seven States used earmarked revenues exclusively for financing 30 programs; in 1962, eight States for 33 programs; and in 1963, eight States for 30 programs. In 1962, three newly initiated programs of medical assistance for the aged were financed from this source only. The total number of programs financed in this way was reduced in 1963 when Colorado discontinued the use of earmarked revenues for three of its federally aided programs, that is, all but old-age assistance. The eight States using only this type of revenue in 1963 for one or more programs represent slightly more than half the number (14) in 1940; and the number of programs so financed in 1963 was three-fourths the number in 1940.

General Fund and Earmarked Revenues

Some States use a combination of general fund and earmarked revenues for one or all of their public assistance programs. A few more programs were financed by these combined sources in 1963 than in 1940--24 in 1963, 20 in 1940. Over the same period, however, the number of States using both sources for one or more programs decreased from 10 to 7. Only 3 of the 10 States using both sources in 1940 were still using both in 1963--Alabama, for all programs in both years; Ohio, for general assistance only, both years; and Oregon, for all programs in 1940, old-age assistance only in 1963. The proportion of total State expenditures for assistance payments financed from the combined sources has declined, though not steadily, from 14.6 percent in 1940 to 6.3 percent in 1963 (table 10). The smallest amount

($24.7 million) and proportion (4.8 percent) from the combined sources were recorded in 1946; in that year three States switched from the combined sources to use of general fund revenues only--Maine and Massachusetts for old-age assistance and Minnesota for general assistance. In 1949 the amount supplied from the combined sources reached an all-time high of $114.5 million and the proportion rose to 13.2 percent. This large increase occurred because, in that year, Louisiana used general fund revenues to supplement earmarked revenues, the usual revenue source for public assistance in that State.

In 1960, 23 programs were financed from a combination of the two revenue sources, 22 in 1961, 23 in 1962, and 24 in 1963. The changes occurring in these years were as follows:

1961: Iowa--Old-age assistance from general and earmarked funds to general fund only.

1962: Alabama and Tennessee--newly initiated program of medical assistance for the aged financed from combination of general and earmarked funds.

Rhode Island--general assistance from general and earmarked funds to general fund only.

Table 8. Earmarked revenues:[1] Amount, percent of State funds, and percentage change, fiscal years 1940-63

Fiscal year	Amount (000)	Percent of State funds	Percent change
1940.....	$51,061	10.0	---
1941.....	56,857	12.3	+11.4
1942.....	70,378	16.7	+23.8
1943.....	78,556	19.5	+11.6
1944.....	89,515	21.0	+14.0
1945.....	90,642	20.7	+1.3
1946.....	96,341	18.6	+6.3
1947.....	111,176	18.1	+15.4
1948.....	116,880	16.0	+5.1
1949.....	153,981	17.7	+31.7
1950.....	197,161	18.6	+28.0
1951.....	187,719	18.3	-4.8
1952.....	196,920	19.8	+4.9
1953.....	212,122	21.5	+7.7
1954.....	199,123	20.7	-6.1
1955.....	192,817	18.7	-3.2
1956.....	213,754	19.8	+10.9
1957.....	190,817	17.1	-10.7
1958.....	196,157	16.2	+2.8
1959.....	187,519	14.6	-4.4
1960.....	194,288	14.5	+3.6
1961.....	196,337	13.9	+1.1
1962.....	190,605	12.9	-2.9
1963.....	195,901	12.8	+2.8

1/ Excludes earmarked revenues used in combination with general fund revenues.

Table 9. Earmarked revenues only: Number of programs and expenditures, by State, 1940 and 1963

State	1940		1963	
	Programs 1/	Amount (000)	Programs 1/	Amount (000)
Total....	40	$51,061	30	$195,901
Ariz.....	ABCG	2,389	---	---
Ark.....	ABCG	1,156	---	---
Colo.....	ABC	9,233	A	28,541
Fla.....	AB	2,706	---	---
Hawaii.....	ABCG	378	---	---
Iowa.....	A	6,245	---	---
Kans.....	ABCG	2,963	ABCDG	10,242
La.....	---	---	AMBCDG	48,127
Mo.....	B	1,046	B	1,631
Neb.....	ABC	3,729	---	---
Nev.....	A	180	---	---
N.Mex.....	ABCG	808	---	---
N.Dak.....	---	---	AMBCDG	4,190
Okla.....	ABCG	9,507	AMBCDG	48,761
S.C.....	---	---	M	282
Tex.....	A	7,488	A BCD	54,127
Utah.....	ABCG	3,233	---	---

1/ A = old-age assistance and M = medical assistance for the aged, both under Title I; B = aid to the blind; C = aid to families with dependent children; D = aid to the permanently and totally disabled; G = general assistance.

Table 10. General fund and earmarked revenues: Amount, percent of State funds, and percentage change, fiscal years 1940-63

Fiscal year	Amount (000)	Percent of State funds	Percent change
1940.....	$74,532	14.6	---
1941.....	63,670	13.7	-14.6
1942.....	51,148	12.1	-19.7
1943.....	44,994	11.1	-12.0
1944.....	37,120	8.7	-17.5
1945.....	39,715	9.1	+7.0
1946.....	24,673	4.8	-37.9
1947.....	30,660	5.0	+24.3
1948.....	64,351	8.8	+109.9
1949.....	114,498	13.2	+77.9
1950.....	68,186	6.4	-40.4
1951.....	69,968	6.8	+2.6
1952.....	70,661	7.1	+1.0
1953.....	76,506	7.8	+8.3
1954.....	83,127	8.7	+8.7
1955.....	99,449	9.6	+19.6
1956.....	96,832	9.0	-2.6
1957.....	87,453	7.8	-9.7
1958.....	93,560	7.7	+7.0
1959.....	94,841	7.4	+1.4
1960.....	101,479	7.6	+7.0
1961.....	96,871	6.9	-4.5
1962.....	95,700	6.5	-1.2
1963.....	96,616	6.3	+1.0

Table 11. Source of revenues for expenditures for assistance payments from State funds, 1940 and 1963

Source of revenue	Expenditures					
	Amount (000)		Percent distribution		Increase 1940-1963	
	1940	1963	1940	1963	Amount (000)	Percent
Total.....	$510,649	$1,527,005	100.0	100.0	$1,016,356	199.0
General fund revenue.....	385,056	1,234,488	75.4	80.8	849,432	220.6
Earmarked revenue.....	51,061	195,901	10.0	12.8	144,840	283.7
General fund and earmarked revenue.....	74,532	96,616	14.6	6.3	22,084	29.6

1963: Arizona--newly initiated program of aid to the permanently and totally disabled financed from combination of general and earmarked funds.

SUMMARY

Expenditures from State revenue sources in 1963 amounted to nearly three times the amount in 1940--an increase of $1,016.4 million (table 11). More than four-fifths (80.8 percent) of these State funds came from general fund revenues in 1963, a somewhat larger proportion than in 1940 (75.4 percent). Expenditures from general fund revenues amounted to more than three and one-fifth times as much in 1963 as in 1940--an increase of $849.4 million. The largest percentage increase from 1940 to 1963, however, occurred in the amount of State expenditures from earmarked revenue; the dollar increase, however, amounted to only $144.8 million. This type of revenue, however, was the source for 12.8 percent of total State funds in 1963 and 10 percent in 1940. Funds from a combination of general fund and earmarked revenues constituted only 6.3 percent of expenditures from State funds in 1963--a decrease from 14.6 percent in 1940; the total amount increased about 30 percent or $22.1 million from 1940 to 1963.

In 1963, 281 State public assistance programs were financed in part from State funds, an increase of 99 from 1940. The programs added were primarily for aid to the permanently and totally disabled and medical assistance for the aged, for which Federal grants became available in October 1950 and October 1960, respectively. Programs supported from general fund revenues numbered 227 in 1963 and 122 in 1940. The number financed from earmarked revenues only had dropped from 40 to 30 and those from a combination of the two types of revenue had increased by 4, from 20 to 24.

Escape From the Slums: A Focus for Research

LOLA M. IRELAN*

THE COLOR and seeming validity of the phrase, "culture of poverty," have made it fashionable among persons concerned with the problems of the poor. It is a quick and graphic reference to a whole set of circumstances--to a style of life, its causes, and its effects. The descriptive utility of the phrase, however, has tended to obscure its more practical value. Knowledge which anthropologists have accumulated about culture and its dynamics can be used to select profitable areas of research about the poor. Such considerations have led to the program of studies of the natural escapees from poverty now being undertaken in the Division of Research of the Welfare Administration. Several studies will analyze the routes by which some slum children manage to move, without the help of formal programs on their behalf, from lives of destitution to conditions of relatively durable security.

There are two general approaches to helping people in stressful or uncomfortable situations. One may attempt to improve the situation and the adjustment of people to it. Or one may simply help people leave the distressing condition. The choice between these approaches is always a contingent one. The current attack on problems of economic dependency can make good use of both. The research program discussed here aims to improve the efficiency of the second technique as a means of helping individuals caught in the cycle of poverty.

The program's rationale is an integration of (1) anthropological theory and research on the nature of culture, (2) available knowledge about the cultural modifications associated with low-income status, and (3) existing data on the nature of successful individual mobility, either across cultures or across socioeconomic status lines within a single culture.

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THE NATURE OF CULTURE

Technically, "culture" refers to the patterned relationships between nature, man, and the tools (both material and nonmaterial) with which man adjusts to nature. The culture of a people is the totality of its traditional ways of solving life's problems. It is a particular scheme for living, for evaluating and coping with lasting or recurrent conditions of human existence. A culture's individual identity rests not only upon its meeting of common human problems, but also upon the techniques it furnishes for handling problems which are peculiar to itself. For example, all societies need a food supply. Beyond this basic need, each people faces the particular capacities (and incapacities) of its own local environment for food production. The cultural patterns which emerge to meet such conditions ramify throughout a whole society. Similarly, the very climate of a people's habitat may define their cultural identity. The rigorous Arctic weather compels a vastly different way of living from that found in tropical Africa.

The workings of culture are best understood if concrete examples are considered. The Zuni Indians of the American southwest provide a notable instance of the environmental sources of culture. They lived in an inhospitable environ-

ment of little rain, infertile soil, and harsh climate. Mere survival in such a location required carefully systematized irrigation practices involving cooperation of the whole community. The Zuni responded with living and working patterns characterized at all levels and in all settings by the cooperation of every individual with every other.

Thoroughly defined, culture includes not only behavioral patterns, but also the beliefs and values which shape them. One people is distinguished from another by beliefs about life as well as by systems for living. These ideological, emotionally supported characteristics of a culture are the underpinnings of its characteristic activity patterns. The Zuni, to continue the illustration, could not believe in man's omnipotence over nature. They had too much and too forceful evidence that a hostile environment could withhold life itself from a human community. Rather, they saw man on an equal plane with the rest of creation. In describing the Zuni, Ruth Bunzel provides a brief poetic statement of their belief: "Man is not lord of the universe. The forests and the fields have not been given him to despoil. He is equal in the world with the rabbit and the deer and the young corn plant."[1] Believing thus in their brotherhood with the rest of nature, it was logical for the Zuni to adopt ways of dealing with its resources which were requests and prayers for cooperation rather than simple seizures of the means of subsistence. Instead of trying, as people in other environments have done, to cast magical spells which lure deer into traps or force corn to grow, the Zuni spoke in ritual directly to the deer and the corn, asking their willing sacrifice to support his life.

Ultimately, too, man comes to believe in the value and propriety of his cultural ways. Not only did the Zuni find it necessary to be cooperative with his fellows but he thought it righteous as well. Outright competition with others was defined as vicious and antisocial.

The grip of culture upon an individual is firm. From his infancy, he is indoctrinated in the life-view and style of living of his own society. He is rewarded, sometimes overtly, sometimes more subtly, for behavior and thinking congenial to that of his fellows. He acquires, as second nature, the social, psychological, and material techniques which his ancestors have elaborated for dealing with life as they defined it. In myriad ways he is fitted to his own culture and correspondingly unfitted for others.

CULTURAL MODIFICATIONS OF POVERTY

Conceptually speaking, it is not legitimate to refer to "the culture of poverty." The poor, however different their life styles from that of the rest of society, share with it too many basic techniques and values to be described as culturally distinct.

"American" culture characterizes our whole society, affluent and indigent alike. We are, primarily, an achieving society. From our colonial foundations, we have cherished the belief in man's ability to coerce nature to his own ends, and in the desirability of his doing so. We are competitive--with other peoples and among ourselves. We reward, with money as well as applause, individuals who outstrip their fellows--occupationally, educationally, politically.

The organization of our society is a congenial setting for such emphasis on achievement. The class structure is relatively open, permitting and encouraging upward movement of individuals. Mass communications reach almost everyone, not only spreading knowledge of the whole society, but supplying information about the techniques for moving about within it.

The poor in America share in this basic culture. The lower class parent wants his children to have the same good education that the middle-class par-

[1] Bunzel, Ruth: Introduction to Zuni Ceremonialism. U.S. Government Printing Office, Washington, D.C., 1932, p. 488.

ent will give his. In similar proportions to higher status parents, he asserts that he wants professional careers for his sons and daughters. He holds the same basic religious beliefs, and adheres to the same ethical principles. He holds the same view of nature and man's place in it.

On the other hand, living at the level of bare subsistence results in conditions which radically contrast with those of the more comfortable segments of our society. They are conditions which elicit patterned reactions and result in distinct beliefs about some aspects of living and functioning in society. Poverty thus produces a variation on the basic themes of the larger culture. The particular integrity of such an entity is probably best described by dubbing it a subculture. Its social field is narrower, and its grip upon individuals less tenacious than that of the total culture.

Our knowledge of the subcultures of American poverty is unsystematic, comprising separate pieces of information from studies whose major purposes were not the study of poverty itself. Pieced together, these data form a bleak, hopeless picture. In some ways the life of the poor resembles the Zuni experience--a limited environment resulting in necessity for constant struggle and an ultimate belief that the individual is relatively powerless to change circumstances.

Physically, the life of the poor is harsh and circumscribed. Crowded, dilapidated housing, the high noise level of the slums, inadequate sanitation--these are among the visible, known characteristics of poverty. Relative physical separation from other levels of society is also characteristic of persons with low income. It contributes to a less observable but nonetheless vital condition--the intellectual isolation of the poor, their ignorance of the resources and facilities of the greater society.

Adjustment to such an environment includes the development of attitudes and values which not only distinguish the lower class but act to prevent movement away from it. One of the most striking characteristics of the poor is their tendency to live entirely in the present. Its source is probably the day-to-day uncertainty of slum living, the need for constant struggle just to keep one's head above water. Unlike the majority of Americans who learn early the value of postponing some pleasures of the present in order to have a better future, the slum dweller never gains and sometimes loses by such "prudent" behavior. The uncertainty of his tomorrows and the small advantage he might have from planning or postponement make it reasonable for him to orient himself entirely to the present.

The conditions of slum childhood foster other traits which are antipathetic to independent, responsible adulthood. Crowded, unpleasant housing makes comfortable family life difficult, and sends children to the streets. Growing up in such conditions, one has little opportunity to learn intellectual self-sufficiency. The constant company of other people probably teaches a child to look outside himself for stimulation. Having no real opportunity for solitude, he is unlikely to learn to enjoy solitary, independent activities. Reading for more than a short time and any sustained period of study are often uncomfortably difficult for him.

A lower class home is not likely to be verbally oriented. Informal language is most often used. Conversation centers on concrete, material matters, on needs and their immediate consequences. Children are likely to be spoken to most frequently in reprimand or instruction. They have thus scant opportunity to learn the handling of abstract ideas at even a very low level.

A slum child is free of parental control at an earlier age than other children, sometimes being thrown largely upon his own resources at as early an age as 5 years. He is more likely than a middle-class child to lean upon his peer group for support. Spending little time in the company of adults, he has no chance for even vicarious experience in the workings of the greater, enclosing society.

SUCCESSFUL INDIVIDUAL MOBILITY

Individual movement across total cultures occurs most frequently at points of extensive contact, where people of at least two different cultures interact frequently and closely with each other. In such a situation of contact the individual can select from a wide range of behavior. He can withdraw completely, declining to learn anything about the different way of life to which he is exposed. He may reject his own culture and identify totally with the new. Or, as do most people on both sides of culture contact situations, he may find a pattern of action between these two extremes.

From the sparse data that exist, it appears reasonable to expect individuals who successfully renounce one subculture for another to have at least two characteristics in common with people who move successfully from one total culture to another. They will probably be people who are relatively uncomfortable in their original surroundings. And they will proably have, in advance, some of the traits current in the system into which they are moving.

Individuals who move readily toward a new culture and adapt to it with facility are often those who find the new setting more congenial than their own background. Among the Zuni, for example, assimilation into white society was most quickly accomplished by relatively aggressive and individualistic persons--traits condemned by the Zuni but valued by the whites.

Such movement is, of course, hindered by the extent to which an individual is wed to his own culture. An obvious impediment is language. No matter how compatible one's personal values are with those of a particular group, he cannot interact within that group unless he can speak their language. Similarly, but more abstractly, one is hindered in adopting a new culture if he is unable to understand and absorb its conceptions of the "right" ways of relating to other persons and of ordering his own personal existence.

Available data indicate that individual mobility within a society resembles that between societies. People who successfully move across subcultural lines have usually been uneasy and unhappy in their original settings. Further, they have been able, with relative ease, to discard or unlearn the most hampering aspects of the old subculture.

A PROGRAM OF STUDIES

The person who manages to move from deprivation and borderline existence to a life of stable and regular material security accomplishes one of the most difficult of cultural transitions. His prospects for improvement in life have been the most hopeless possible. His tools for maintaining his condition, let alone improving it, have been the most meager. His early life has severely disabled him for any kind of performance outside the lower class situation. Yet some persons do make this arduous change.

The desire to learn something from these natural successes--the people who have themselves found an escape from dependency and poverty--has led the Division of Research to undertake a program of studies centered, initially, about slum children who appear to be finding their way out of the slums. Information gathered from this research can be applied in programs which will not only ease the way for persons who are succeeding by themselves but will also help find a way out for those who have more difficulty.

Previous research in this area has been sparse. Potentially applicable general principles can be garnered from anthropological studies of people who have successfully adapted to cultures different from their own. Research directions closely similar to those suggested in the anthropological literature can be discerned also in a few studies of upwardly mobile individuals in our own society. Both bodies of research, however, are small. The specific question, "What are the conditions under which slum children are able to escape lives of poverty?" has been attacked only tentatively. The research of Walter Reckless and his colleagues typifies the

work which has been done.[2, 3] Their attention was focused on the characteristics of boys who, though living in areas of high delinquency rates, did not themselves become delinquent. Their findings, that such boys were more likely than delinquents to define themselves as "good," are descriptive only and underline the need for more extensive research.

The program of studies being undertaken in the Division of Research will comprise an integrated series of investigations into separate aspects of the problem. The first one is now underway at the Institute of Urban Studies, Teachers College, Columbia University.

In a cooperative arrangement with the Welfare Administration, the Institute is beginning a concentrated study of the academically successful children who emerge from urban slums. School is the first and probably most difficult hurdle to be negotiated by slum children who have any possibility of bettering their condition. Many of them never manage it, dropping out anywhere from the elementary grades up to the last years of high school. Others complete school, but as marginal graduates only, close to the bottom of their classes in school achievement. Some few are outstanding successes with good possibilities of further achievement in the non-slum world. Researchers at the Institute of Urban Studies are concentrating on analysis of the differences between these categories of slum children. They are inquiring, by means of interviews, observations, and psychological tests, into the socio-psychological distinctions between those who are highly motivated, successful students and those who are average, as well as those who are failing. Their findings will be reported in Welfare in Review and in professional publications.

Subsequent research will explore such areas as community influences, occupational paths of mobility, value structures in relation to mobility, and family organization. Data emerging from this program of studies will be integrated into ongoing and future action programs of intervention in the poverty cycle.

Since the purpose of this discussion was simply to present the rationale for a program of studies, rather than to defend any theoretical position, detailed documentation was omitted. Readers who are interested in learning more of the work which has been done in this area are referred to the following:

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Deutsch, Martin: Minority Group and Class Status as Related to Social and Personality Factors in Scholastic Achievement. Monograph No. 2. Society for Applied Anthropology, Ithaca, N.Y., 1960.

Dynes, Russel R., Alfred C. Clarke, and Simon Dinitz: "Levels of Occupational Aspiration: Some Aspects of Family Experience as a Variable," American Sociological Review, 21:212-215, 1956.

Goldman, Irving: "The Zuni Indians of New Mexico," in Margaret Mead, ed.: Cooperation and Competition Among Primitive Peoples. McGraw-Hill, New York, 1937.

Herskovits, Melville J.: Man and His Works. Alfred A. Knopf, New York, 1948.

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Schorr, Alvin: Slums and Social Insecurity. Research Report No. 1. Social Security Administration, U.S. Department of Health, Education, and Welfare. U.S. Government Printing Office, Washington, D.C., 1963.

Srole, Leo: "Social Integration and Certain Corollaries: An Exploratory Study," American Sociological Review, 21:709-716, December 1956.

Williams, Robin M., Jr.: American Society. Alfred A. Knopf, New York, 1960.

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[2] Reckless, Walter C., Simon Dinitz, and Ellen Murray: "Self-Concept as an Insulator Against Delinquency," American Sociological Review, 21:744-746, 1956.

[3] Scarpitti, Frank R., Ellen Murray, Simon Dinitz, and Walter C. Reckless: "The 'Good' Boy in a High Delinquency Area: Four Years Later," American Sociological Review, 25:555-558, 1960.

NOTES

Conference on Measurement of Change in Families

On October 13, the Division of Research of the Welfare Administration sponsored a 1-day Conference on Family Measurement. The purpose of the conference was to discuss ways to improve methods of measuring change in individuals and families receiving social services. With the expanding activities of public welfare agencies in providing social services, particularly under the stimulus of the 1962 Public Welfare Amendments, there is increased need for more reliable measurements in studies of family change. Much of the discussion was devoted to evaluating the Hunt-Kogan Movement Scale and the Saint Paul Scale of Family Functioning. Also under consideration were the methodological problems attending family treatment research projects, such as the use of control groups, selection of families to receive treatment, determining the qualifications of workers to be assigned, and the choice of statistical procedures to be used in data analysis.

Some 43 persons in the field of social research attended, including representatives from the Canadian Ministry of Health and Welfare and from Puerto Rico. Among the participants were members of the advisory panel for the Cooperative Research and Demonstration Grants Program of the Welfare Administration and directors of family research or demonstration projects supported by the cooperative program. Participants from the Children's Bureau, the Bureau of Family Services, and the President's Committee on Juvenile Delinquency were also present. Dr. Joseph Lagey of the Division of Research was chairman of the conference.

"Symposium on Family Measurement," containing selected papers of participants in the conference, will be published in December.

In response to many requests, plans are underway to hold a followup session on family measurement at the May 1965 meeting of the National Conference on Social Welfare in Atlantic City. By that time, it is expected that Professor Ivan F. Nye of Washington State University, in collaboration with other directors of family research projects receiving support from the Cooperative Research and Demonstration Grants Program, will have completed a review of the field of family measurement.

Cooperative Research and Demonstration Grants

The Cooperative Research and Demonstration Grants Program of the Welfare Administration awarded grants totaling $258,582 in November 1964 to support six research and demonstration projects.

The problems of elderly patients who have been released from mental hospitals will be studied by the Public Welfare Board of North Dakota under a grant of $21,383. The information collected is expected to be useful in planning more economical and satisfactory living arrangements for such former patients. Mr. G. A. Hample, director of research of the Public Welfare Board of North Dakota, is the project director.

The Community Services Council of Delaware received $20,733 to complete an evaluation of the results of providing rehabilitative services to families receiving public assistance. This project is directed by Mr. Lawrence Shein, research director of the Council.

Western Reserve University, Cleveland, Ohio, will initiate a study of family relationships and children in fatherless families under a $12,490 grant. Dr. Jetse Sprey of the Department of Sociology will be director of the project.

The City of Detroit Department of Public Welfare, under a $1,917 contract, will provide data for a study of the effects of marginal subsistence upon family life and the development of children. Dr. Oliver Moles, Division of Research, Welfare Administration, is the contract officer for this project.

Three additional projects will explore ways to provide social services more effectively. A grant of $76,439 to the New York City Department of Welfare is supporting an investigation of different ways of using social workers in providing services. The first year of this project is being devoted to the development of techniques for measuring the values, knowledge, and behavior of social workers and of clients. Also, detailed plans for the demonstration phase of the projects are being developed. Dr. Lawrence Podell, director of social research in the New York City Department of Welfare, is the project director.

The Graduate School of Social Work of Rutgers University received $76,818 to study various means of preventing disorganization of family life. The project is directed by Dr. Ludwig Geismar. Methods used will include casework, educational systems, use of groups to promote socialization processes, and material aid.

The third project in this area is being conducted by the Community Service Society of New York with a grant of $48,802. The project director is Dr. Ann Shyne, research director of the Society. This research-demonstration project is designed to assess under three sets of conditions the contributions of casework toward alleviating family stress. An assessment will be made of supportive versus modifying casework methods, short term versus continuous service, and individual versus individual and joint interviews. Research data will be obtained from families at initiation to the project, at termination of service, and 6 months following termination of service.

Federal Funds for Research

About 2 percent of Federal funds for research are obligated for research in the social sciences, according to the report, "Federal Funds for Research, Development, and Other Scientific Activities, Fiscal Years 1962, 1963, 1964," recently published by the National Science Foundation (figures for 1963 and 1964 are estimates). Funds for social science research totaled $62 million in fiscal year 1962, $72 million in 1963, and $106 million in 1964.

Of these sums, the Department of Health, Education, and Welfare obligated $18 million, $25 million, and $39 million, respectively, over the 3 years. The Department of Agriculture obligated $21 million, $23 million, and $24 million. More than 90 percent of these Agriculture obligations were for research in economics.

The National Science Foundation obligated $7 million for social science research in fiscal year 1962, $8 million in 1963, and $10 million in 1964. The Department of Labor reported more than 90 percent of its total research funds in the social science field. In 1962 its social science program amounted to $3.3 million, and the estimates for 1963 and 1964 were $5.3 million and $7.3 million.

Federal funds for research in all fields totaled $3 billion in fiscal year 1962, $4.2 billion in 1963, and $5.8 billion in 1964. Of these funds, the physical sciences, with emphasis on the engineering sciences, accounted for two-thirds to three-fourths. While funds for research in the life sciences (biological, medical, agricultural) increased from $821 million in fiscal year 1962 to an estimated $1,194 million in 1964, the proportion of the total Federal research funds which were obligated for research in the life sciences declined from 28 percent in 1962 to 21 percent in 1964. The psychological sciences accounted for about 2 percent of Federal funds for research in the 3 years. In both the life and psychological sciences, the Department of Health, Education, and Welfare administered more than half the Federal funds obligated.

Funds obligated by the Department of Health, Education, and Welfare for the whole area of research and development totaled $577 million in fiscal year 1962, $716 million in 1963, and $792 million in 1964. Over 80 percent of the funds were for the programs of the National Institutes of Health.

Program and Operating Statistics

PUBLIC ASSISTANCE IN SEPTEMBER 1964

The total number of persons receiving aid under the six public assistance programs[1] declined in September for the fifth month out of the past six. About 7.8 million persons were assisted in September--roughly 228,000 fewer than in March.

All programs except medical assistance for the aged and aid to the permanently and totally disabled showed decreases during September in the number of persons receiving assistance. The national decline of 18,300 or 0.4 percent in the number of recipients of aid to families with dependent children (AFDC) reflected largely decreases in California (13,700) and Pennsylvania (7,400). More than half of all States, however, reported increases for AFDC. There were 5,200 or 0.2 percent fewer aged persons aided under old-age assistance in September than in August. For that program, 3,000 of the decrease centered in Minnesota, which reported a sizable drop in post-payments for medical care made in behalf of aged persons who had been transferred from old-age assistance to medical assistance for the aged in June.

For general assistance the decline of 10,900 recipients reflected a decrease in Ohio of 14,000, which occurred mainly because of the discontinuance of supplementation of AFDC cases for school clothing in Cuyahoga County. In the Nation as a whole, changes in the number of recipients were relatively small in aid to the blind (a drop of 200 or 0.2 percent) and in aid to the permanently and totally disabled (a rise of 3,300 or 0.6 percent) and in medical assistance for the aged (an increase of 1,000 or 0.5 percent).

Expenditures for assistance, including vendor payments for medical care, totaled $423.7 million in September--$1.5 million more than in August. The largest changes in payments were the increases of $1.4 million or 1.0 percent in AFDC and $0.6 million or 1.5 percent in aid to the permanently and totally disabled, and the decrease of $1.0 million or 2.5 percent in medical assistance for the aged.

State action to adjust payments, as in other recent months, was limited in September. Colorado simplified its budgetary procedures in AFDC, with resultant increases in payments for some recipients and decreases for others. In Iowa the average payments for federally aided programs included slight increases in the allowances for care in licensed custodial homes, licensed nursing homes, or hospitals.

In August, Missouri increased the number of days of hospital care from 14 to 19 for recipients of old-age assistance, aid to the permanently and totally disabled, and AFDC; the vendor payments for medical care made in September included this small adjustment. Utah, which provided AFDC and general assistance through September to persons in need because of a copper mine strike in the summer, closed a relatively high number of cases under the two programs in September when the strike was settled.

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[1] Data for specified types of assistance under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged are classified with data for separate State programs for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or medical assistance for the aged.

Table 1. Number of recipients of public assistance in the United States, by month, September 1963-September 1964 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1963									
September...	2,191,593	143,424	97,954	472,162	951,818	3,902,605	2,930,806	322,000	754,000
October.....	2,196,430	157,038	98,177	475,490	953,930	3,908,819	2,936,723	326,000	766,000
November....	2,194,387	152,872	97,843	477,464	955,343	3,921,560	2,946,317	322,000	764,000
December....	2,193,581	149,880	97,793	479,312	966,779	3,980,667	2,987,197	352,000	872,000
1964									
January.....	2,190,006	156,788	97,709	482,432	983,071	4,060,209	3,042,643	376,000	951,000
February....	2,188,506	160,471	97,617	486,286	999,970	4,141,730	3,098,336	374,000	933,000
March.....	2,188,610	172,736	97,760	490,156	1,013,313	4,206,817	3,148,698	374,000	914,000
April.....	2,186,711	176,416	97,631	493,974	1,023,504	4,261,988	3,188,192	360,000	845,000
May.....	2,185,137	181,056	97,582	497,451	1,021,647	4,253,591	3,183,965	335,000	746,000
June.....	2,181,957	187,141	97,409	501,429	1,014,139	4,214,901	3,159,474	325,000	707,000
July.....	2,177,085	185,641	97,259	508,902	1,009,211	4,191,264	3,142,843	321,000	700,000
August.....	2,167,687	207,383	97,064	511,565	1,006,106	4,176,778	3,133,162	323,000	712,000
September...	2,162,449	208,354	96,848	514,847	1,001,785	4,158,451	3,122,718	321,000	701,000
	Percentage change from previous month								
1963									
September...	-0.1	-3.1	-0.2	+0.4	-0.3	-0.2	-0.1	-1.3	-1.8
October.....	+.2	+9.5	+.2	+.7	+.2	+.2	+.2	+1.5	+1.6
November....	-.1	-2.7	-.3	+.4	+.1	+.3	+.3	-1.5	-.2
December....	(5/)	-2.0	-.1	+.4	+1.2	+1.5	+1.4	+9.6	+14.1
1964									
January.....	-.2	+4.6	-.1	+.6	+1.7	+2.0	+1.9	+6.6	+9.1
February....	-.1	+2.3	-.1	+.8	+1.7	+2.0	+1.8	-.6	-1.9
March.....	(6/)	+7.6	+.1	+.8	+1.3	+1.6	+1.6	(5/)	-2.1
April.....	-.1	+2.1	-.1	+.8	+1.0	+1.3	+1.3	-3.7	-7.6
May.....	-.1	+2.6	-.1	+.7	-.2	(5/)	-.1	-6.9	-11.6
June.....	-.1	+3.4	-.2	+.8	-.7	-.9	-.8	-3.1	-5.3
July.....	-.2	-.8	-.2	+1.5	-.5	-.6	-.5	-1.2	-1.0
August.....	-.4	+11.7	-.2	+.5	-.3	-.3	-.3	+.6	+1.7
September...	-.2	+.5	-.2	+.6	-.4	-.4	-.3	-.7	-1.5

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 4/ Partly estimated. Excludes Idaho and Indiana for all months and Nebraska beginning November 1963; data not available. 5/ Decrease of less than 0.05 percent. 6/ Increase of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, September 1963-September 1964 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1963							
September	$391,514,000	$168,441,224	$28,202,295	$7,972,555	$35,667,016	$121,842,043	$21,147,000
October	399,682,000	169,526,267	31,851,812	8,109,029	36,287,197	123,436,945	21,742,000
November	393,517,000	168,016,542	28,965,741	7,990,500	35,943,652	122,803,458	21,209,000
December	402,511,000	168,983,570	30,212,494	8,021,573	36,301,752	126,646,605	23,951,000
1964							
January	407,261,000	168,976,922	30,929,251	8,013,048	36,599,229	128,916,121	25,665,000
February	414,664,000	171,345,730	31,757,790	8,076,895	37,336,550	132,718,951	24,988,000
March	424,754,000	172,520,773	34,679,610	8,140,935	38,241,308	136,836,208	25,155,000
April	427,748,000	171,440,998	36,532,021	8,167,521	38,683,146	139,562,947	24,063,000
May	422,742,000	171,192,802	35,219,429	8,200,759	38,975,943	138,444,208	21,830,000
June	422,689,000	171,148,145	36,836,751	8,190,942	39,359,870	137,029,371	20,985,000
July	423,375,000	171,666,945	36,264,602	8,218,116	40,135,587	137,361,814	21,082,000
August	422,206,000	168,197,446	39,228,542	8,198,173	39,874,445	136,270,573	20,925,000
September	423,664,000	168,530,628	38,264,547	8,179,617	40,476,692	137,659,015	21,226,000
	Percentage change from previous month						
1963							
September	+0.1	+0.8	-4.9	-0.5	+0.7	+0.5	-1.2
October	+2.1	+.6	+12.9	+1.7	+1.7	+1.3	+2.8
November	-1.5	-.9	-9.1	-1.5	-.9	-.5	-2.4
December	+2.3	+.6	+4.3	+.4	+1.0	+3.1	+12.9
1964							
January	+1.2	(5/)	+2.4	-.1	+.8	+1.8	+7.2
February	+1.8	+1.4	+2.7	+.8	+2.0	+2.9	-2.6
March	+2.4	+.7	+9.2	+.8	+2.4	+3.1	+.7
April	+.7	-.6	+5.3	+.3	+1.2	+2.0	-4.3
May	-1.2	-.1	-3.6	+.4	+.8	-.8	-9.3
June	(5/)	(5/)	+4.6	-.1	+1.0	-1.0	-3.9
July	+.2	+.3	-1.6	+.3	+2.0	+.2	+.5
August	-.3	-2.0	+8.2	-.2	-.7	-.8	-.7
September	+.3	+.2	-2.5	-.2	+1.5	+1.0	+1.4

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho and Indiana for all months and Nebraska beginning November 1963; data not available. 5/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, September 1964 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1964 in--		September 1963 in--	
				Number	Amount	Number	Amount
Total 2/	2,162,449	$168,530,628	$77.94	-0.2	+0.2	-1.3	+0.1
Ala.	110,863	7,489,092	67.55	+.2	+.8	+3.1	+2.6
Alaska 3/	1,384	4/ 123,593	89.30	-.2	-6.5	-.3	+6.8
Ariz.	13,298	841,008	63.24	+.2	+1.0	-.4	+1.8
Ark.	58,650	3,756,240	64.05	+.3	-.2	+1.9	+.4
Calif.	271,923	29,534,306	108.61	-.2	+.1	+2.3	+4.5
Colo. 2/	44,636	4,055,439	90.86	-.3	-1.9	-9.5	-20.6
Conn.	7,421	600,723	80.95	-.8	-.2	-12.1	-6.4
Del.	1,343	86,313	64.27	+2.1	+4.8	+21.6	+7.0
D. C.	2,405	211,159	87.80	-.5	-1.6	-4.8	-4.5
Fla. 3/	72,917	4,899,912	67.20	+.1	+.9	+2.8	+9.3
Ga.	92,259	5,207,277	56.44	+.2	+1.7	+.1	+3.2
Guam 5/	159	5,629	35.40	---	---	---	---
Hawaii 3/	1,170	73,365	62.71	-.1	-17.3	+3.0	-17.5
Idaho	4,552	327,232	71.89	-.6	-3.0	-10.4	-10.8
Ill. 3/	57,172	5,284,738	92.44	-.9	+3.9	-7.0	+.1
Ind.	23,035	1,892,333	82.15	-.1	+2.3	-2.8	+5.0
Iowa	28,198	2,602,253	92.29	-.5	-.2	-4.9	-2.2
Kans.	21,916	1,895,404	86.48	(6/)	-2.3	-9.7	-14.5
Ky. 3/	57,188	3,445,835	60.25	+.2	-2.0	+4.0	+3.6
La.	130,463	11,106,768	85.13	+.1	+.1	+1.1	+2.3
Maine 3/	11,114	936,411	84.26	(7/)	(6/)	-.7	+4.6
Md. 3/	9,742	707,598	72.63	+.4	+.6	+3.5	+4.8
Mass.	53,741	4,817,719	89.65	-.4	+1.3	-3.8	-1.0
Mich.	49,418	4,460,889	90.27	-.7	-2.7	-2.4	+15.0
Minn.	33,218	2,969,045	89.38	-8.3	+.4	-23.4	-36.7
Miss.	73,774	2,905,074	39.38	-.1	+.5	-3.2	-1.3
Mo.	102,886	6,963,353	67.68	-.2	-.1	-2.0	+2.0
Mont.	5,357	385,716	72.00	-.4	(7/)	-6.1	-.7
Nebr.	12,584	1,152,000	91.54	-.1	+.2	-1.3	+11.4
Nev.	2,595	233,264	89.89	+.6	+1.4	+1.3	+2.2
N. H.	4,431	448,740	101.27	-.1	+.3	-3.1	-2.3
N. J.	13,928	1,131,204	81.22	-.2	+.5	-3.2	-1.7
N. Mex. 3/	10,795	856,580	79.35	+.1	+4.3	-.7	-.6
N. Y.	56,204	5,193,396	92.40	(7/)	+1.7	(7/)	+5.5
N. C.	43,457	2,680,005	61.67	-.3	-1.4	-1.9	+5.4
N. Dak. 3/	5,329	476,755	89.46	-.1	-.7	-4.9	+3.0
Ohio	83,342	7,108,632	85.29	-.3	-1.4	-1.0	-1.7
Okla. 3/	83,275	7,927,910	95.20	(7/)	(6/)	-.4	+.3
Oreg. 8/	10,761	756,783	70.33	-.4	-.4	-13.6	-10.3
Pa.	46,565	3,238,061	69.54	(6/)	-5.0	-2.4	-8.6
P. R.	31,523	300,430	9.53	-.7	+5.1	-6.4	-4.8
R. I. 3/	6,019	568,607	94.47	+.9	+.8	-.8	+11.0
S. C.	25,947	1,351,433	52.08	(6/)	+4.7	-3.6	+2.2
S. Dak.	7,216	608,859	84.38	0	-1.0	-4.7	-.6
Tenn.	45,232	2,429,733	53.72	(6/)	+1.1	-4.4	+1.4
Tex.	229,701	16,093,159	70.06	(7/)	+.2	+1.3	+.8
Utah	4,906	316,632	64.54	-1.4	-11.5	-7.8	-7.0
Vt. 3/	5,429	465,160	85.68	-.5	-.7	+.1	+4.7
V. I.	447	16,688	37.33	-.9	-.2	-7.1	-10.2
Va.	13,375	859,245	64.24	(6/)	+2.6	-1.5	+2.9
Wash.	33,104	2,685,122	81.11	+.1	+8.8	-3.1	-1.1
W. Va.	14,430	712,235	49.36	-.5	-.4	-5.8	-.7
Wis.	29,141	3,119,382	107.04	-.6	-.5	-4.1	-4.0
Wyo.	2,511	216,189	86.10	0	+2.4	-3.3	+2.1

1/ All data subject to revision. 2/ Includes 3,800 recipients aged 60-64 in Colorado and payments of $332,956 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ In addition, supplemental payments of $26,216 from general assistance funds were made to 58 recipients. 5/ Data for June; later data not available. 6/ Decrease of less than 0.05 percent. 7/ Increase of less than 0.05 percent. 8/ Includes an estimated number of cases receiving vendor medical payments only.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, September 1964 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from August 1964	
		Total amount	Average	Number	Amount
Total.....	208,354	$38,264,547	$183.65	+0.5	-2.5
Ala.....	214	64,152	299.78	-17.7	+13.5
Ark.....	2,631	146,299	55.61	-1.4	-3.9
Calif.....	29,076	8,352,633	287.27	-2.4	-5.6
Colo.....	4,035	755,584	187.26	-3.1	+14.7
Conn.....	6,137	3/ 1,246,906	203.18	+2.7	+6.1
D. C.....	796	221,883	278.75	-1.6	+5.0
Fla. 4/.....	506	190,197	375.88	-18.4	-17.6
Guam 5/.....	23	1,108	(6/)	---	---
Hawaii 4/.....	517	143,884	278.31	+39.4	+118.1
Idaho.....	2,140	294,792	137.75	+1.4	+3.5
Ill. 4/.....	949	326,758	344.32	-23.5	-42.4
Iowa.....	6,296	481,721	76.51	+5.0	-7.9
Kans.....	2,499	3/ 322,736	129.15	+5.4	-7.3
Ky. 4/.....	8,541	242,474	28.39	+9.0	-12.1
La.....	468	88,640	189.40	+2.6	-2.5
Maine 4/.....	385	97,121	252.26	+21.5	+37.4
Md. 4/.....	10,493	386,403	36.82	-1.9	+.1
Mass.....	27,332	3/ 4,489,021	164.24	+.9	-.1
Mich.....	5,662	2,120,022	374.43	+2.1	+9.6
Minn.....	10,448	3/ 2,126,655	203.55	+17.6	+42.1
Neb.....	123	40,099	326.01	-14.6	-17.1
N. H.....	1,247	57,557	46.16	+79.9	+58.1
N. J.....	5,298	3/ 1,325,550	250.20	+2.8	+10.8
N. Y.....	33,020	3/ 9,199,923	278.62	-4.0	-14.5
N. Dak. 4/.....	7/ 1,206	3/ 262,300	217.50	+6.4	+10.2
Okla. 4/.....	925	134,126	145.00	-3.7	-2.3
Oreg.....	3,571	508,979	142.53	-2.5	-6.3
Pa.....	8,262	1,804,927	218.46	+5.1	+6.2
P. R.....	3,570	114,580	32.10	-1.1	+1.7
S. C.....	864	142,615	165.06	+41.4	+61.4
S. Dak.....	350	24,560	70.17	+34.1	+39.9
Tenn.....	9,084	339,778	37.40	+30.8	+31.1
Utah.....	1,995	227,383	113.98	-9.1	-8.2
Vt. 4/.....	141	32,520	230.64	+23.7	+31.8
V. I.....	65	1,879	28.91	(6/)	(6/)
Va.....	1,550	146,102	94.26	-.1	-19.1
Wash.....	9,877	1,404,224	142.17	+5.9	+5.7
W. Va.....	6,855	149,136	21.76	-38.4	-56.8
Wis.....	1,189	242,180	203.68	+225.8	+188.6
Wyo.....	14	7,140	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $246 in Connecticut, $11,126 in Kansas, $98,147 in Massachusetts, $73,837 in Minnesota, $8,160 in New Jersey, $50,360 in New York, and $2,555 in North Dakota. 4/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled and medical assistance for the aged. 5/ Data for June; later data not available. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Includes an unknown number of cases receiving only money payments.

Table 5. Aid to the blind: Recipients and payments to recipients by State, September 1964 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1964 in--		September 1963 in--	
				Number	Amount	Number	Amount
Total 2/.....	96,848	$8,179,617	$84.46	-0.2	-0.2	-1.1	+2.6
Ala.....	1,799	121,209	67.38	+.8	+1.5	+5.1	+47.7
Alaska 3/.....	110	8,705	79.14	+.9	+1.1	+3.8	+8.1
Ariz.....	822	59,308	72.15	-.5	-.7	-3.2	-4.0
Ark.....	1,946	136,301	70.04	-.5	-2.7	-1.9	-.6
Calif. 2/.....	12,523	1,645,368	131.39	-.1	-1.9	+3.3	+5.6
Colo.....	255	20,840	81.73	+2.8	+2.6	-.8	-4.4
Conn.....	314	33,977	108.21	+1.0	(4/)	+.6	+13.0
Del.....	298	24,388	81.84	-.7	+2.3	+2.4	+9.8
D. C.....	202	14,870	73.61	0	-.2	+9.8	+9.8
Fla. 3/.....	2,604	178,659	68.61	-.5	+.4	+1.0	+5.5
Ga.....	3,196	189,096	59.17	+.3	+.6	+2.3	+4.5
Guam 5/.....	6	132	(6/)	---	---	---	---
Hawaii 3/.....	72	7,039	97.76	(6/)	(6/)	(6/)	(6/)
Idaho.....	133	9,629	72.40	-1.5	-2.7	+3.9	+5.8
Ill. 3/.....	2,504	233,414	93.22	-1.1	+1.7	-9.1	+9.4
Ind.....	1,764	150,392	85.26	-1.0	+.2	-2.9	+1.7
Iowa.....	1,184	118,881	100.41	+.9	-.3	-5.5	-5.2
Kans.....	509	46,737	91.82	+.8	+.3	-5.2	+5.0
Ky. 3/.....	2,441	172,165	70.53	-.3	-2.0	+2.0	+4.0
La.....	2,807	228,784	81.51	-.1	-.4	-.3	-.3
Maine 3/.....	329	27,598	83.88	-1.5	-2.0	-19.4	-17.6
Md. 3/.....	391	31,341	80.16	-.5	-1.2	-2.2	+1.1
Mass.....	2,298	329,395	143.34	+.7	+5.7	+2.9	+21.6
Mich.....	1,670	142,468	85.31	+.2	-5.6	-.5	+7.3
Minn.....	1,065	117,420	110.25	-.9	+5.1	+2.8	+2.4
Miss.....	2,771	126,089	45.50	-.4	+.5	-10.2	-5.7
Mo. 2/.....	4,545	340,875	75.00	-.4	-.4	-2.1	+4.9
Mont.....	250	20,730	82.92	-.4	+1.4	-7.4	-2.8
Nebr.....	640	67,147	104.92	0	-1.4	-3.9	+.3
Nev.....	161	18,970	117.83	+.6	-.1	-3.0	-1.6
N. H.....	262	28,154	107.46	+2.3	+3.2	-2.2	-.5
N. J.....	946	82,846	87.58	-1.4	+.4	-.1	+3.5
N. Mex. 3/.....	345	32,581	94.44	-.6	+3.6	+1.8	+3.2
N. Y.....	3,152	348,410	110.54	-.6	-1.6	-1.3	+1.6
N. C.....	5,023	340,469	67.78	-.6	+1.0	-2.3	+3.5
N. Dak. 3/.....	77	6,784	88.10	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,352	271,900	81.12	+.4	-2.4	-2.4	-1.8
Okla. 3/.....	1,665	202,347	121.53	-.5	-.5	-2.8	+1.6
Oreg. 7/.....	426	36,962	86.77	+.7	-2.8	+10.6	+11.5
Pa. 2/.....	17,832	1,332,532	74.73	-.1	+.6	-.3	-.1
P. R.....	1,443	12,042	8.35	-1.5	-1.2	-9.1	-8.8
R. I. 3/.....	100	9,177	91.77	0	-.2	(6/)	(6/)
S. C.....	1,799	111,908	62.21	+.2	+3.9	+5.5	+9.0
S. Dak.....	122	8,516	69.80	0	+.7	-8.3	-3.0
Tenn.....	2,158	111,312	51.58	-.4	-2.3	-7.7	-8.1
Tex.....	4,769	330,893	69.38	-.6	-.7	-4.1	-3.6
Utah.....	171	13,172	77.03	+1.2	-9.3	-4.5	-4.9
Vt. 3/.....	116	8,333	71.84	+1.8	+4.4	+4.5	+13.1
V. I.....	15	500	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,130	78,987	69.90	-.8	-.7	-1.7	-1.0
Wash.....	672	64,404	95.84	+.7	+11.6	+3.1	+11.6
W. Va.....	809	38,491	47.58	0	-.1	+6.0	-5.9
Wis.....	795	82,219	103.42	-.6	-1.6	-4.7	+9.5
Wyo.....	60	4,751	79.18	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $19,881 to 125 recipients; Missouri, $51,416 to 675 recipients; and Pennsylvania, $946,639 to 12,859 recipients. 3/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Decrease of less than 0.05 percent. 5/ Data for June; later data not available. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Includes an estimated number of cases receiving vendor medical payments only.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, September 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1964 in--		September 1963 in--	
				Number	Amount	Number	Amount
Total.....	514,847	$40,476,692	$78.62	+0.6	+1.5	+9.0	+13.5
Ala.....	14,746	677,213	45.93	+.5	(3/)	+6.2	+6.2
Alaska 2/.....	193	24,925	129.15	+7.2	-8.8	(4/)	(4/)
Ariz.....	3,107	209,538	67.44	+1.4	+1.3	+43.8	+42.8
Ark.....	9,329	560,262	60.06	+.6	+1.5	+3.9	+7.6
Calif.....	52,126	5,904,884	113.28	+1.4	+2.8	+40.1	+46.2
Colo.....	10,053	469,332	46.69	+.6	-.9	+72.6	+5.5
Conn.....	7,417	549,902	74.14	+2.4	+.1	+9.3	+20.7
Del.....	429	31,625	73.72	+.9	+.2	+2.4	+4.7
D. C.....	3,152	249,591	79.18	+.2	+.8	+6.6	+9.2
Fla. 2/.....	16,888	1,211,010	71.71	+.6	+1.1	+12.2	+18.1
Ga.....	26,546	1,611,027	60.69	+.4	+4.1	+4.0	+8.4
Guam 5/.....	54	1,348	24.96	---	---	---	---
Hawaii 2/.....	1,023	121,656	118.92	+9.4	+5.6	-10.7	-20.0
Idaho.....	2,907	164,970	56.75	+.8	+.3	+17.0	+20.6
Ill. 2/.....	28,386	2,722,100	95.90	+.3	+3.5	+2.2	+.7
Ind.....	1,282	149,396	116.53	+3.8	+9.4	+144.7	+120.6
Iowa.....	1,190	98,296	82.60	+1.0	+1.3	+20.6	+21.1
Kans.....	4,719	508,156	107.68	+.6	(6/)	+8.3	+10.0
Ky. 2/.....	10,256	757,693	73.88	+1.3	+.6	+10.1	+12.4
La.....	19,208	1,119,548	58.29	+.8	+.8	+4.7	+6.3
Maine 2/.....	2,240	197,060	87.97	-.3	-.2	-6.9	-5.1
Md. 2/.....	7,553	590,268	78.15	+.5	+.8	+10.6	+12.2
Mass.....	12,128	1,717,134	141.58	+.3	+1.2	+12.2	+13.3
Mich.....	8,424	901,736	107.04	+4.4	+.9	+20.8	+29.7
Minn.....	3,549	222,865	62.80	+.7	+3.6	+11.4	+14.9
Miss.....	18,055	784,799	43.47	+1.1	+1.2	+13.3	+12.0
Mo.....	14,772	1,045,028	70.74	+.4	-.1	+.9	+5.9
Mont.....	1,303	102,161	78.40	+.5	+.5	+4.0	+8.5
Nebr.....	2,524	233,986	92.70	+1.2	+.9	+9.9	+26.1
N. H.....	584	65,989	112.99	+.9	+1.1	+9.0	+8.3
N. J.....	8,583	830,059	96.71	+.3	+.8	+6.9	+9.5
N. Mex. 2/.....	3,777	343,851	91.04	+1.1	+5.0	+13.5	+14.5
N. Y.....	34,927	4,420,642	126.57	-.4	-2.6	+.6	+4.1
N. C.....	21,885	1,539,375	70.34	+.1	-.1	+.3	+5.0
N. Dak. 2/.....	1,530	177,781	116.20	+1.8	+8.5	+20.3	+41.8
Ohio.....	19,149	1,483,744	77.48	+.3	+5.5	+6.1	+5.4
Okla. 2/.....	13,486	1,489,889	110.48	+1.5	+1.4	+12.7	+14.5
Oreg. 7/.....	7,659	509,272	66.49	-.1	-1.4	+.1	+3.6
Pa.....	19,996	1,472,353	73.63	+.4	+2.3	+2.7	+18.9
P. R.....	21,088	181,300	8.60	-.3	-.4	-2.7	-2.5
R. I. 2/.....	2,755	260,426	94.53	(3/)	-.4	+3.9	+8.3
S. C.....	8,741	464,557	53.15	+.2	+3.3	+4.8	+4.9
S. Dak.....	1,082	75,171	69.47	-.8	+2.4	-1.7	+1.6
Tenn.....	12,780	655,769	51.31	+.6	+2.2	+3.9	+6.0
Tex.....	9,542	545,890	57.21	+.4	+.4	+10.3	+9.9
Utah.....	4,868	319,761	65.69	+.7	-6.8	+4.6	+5.0
Vt. 2/.....	1,115	89,940	80.66	+1.3	+1.0	+17.0	+35.5
V. I.....	87	2,886	33.17	(4/)	(4/)	(4/)	(4/)
Va.....	6,820	471,084	69.07	+.9	+4.3	+4.7	+8.9
Wash.....	18,208	1,103,623	60.61	+.7	+11.9	+3.3	+9.8
W. Va.....	5,997	304,117	50.71	-.1	+.5	-8.3	-5.1
Wis.....	6,006	678,719	113.01	+.4	-1.7	+9.9	+17.0
Wyo.....	623	52,985	85.05	+.2	+12.5	+7.0	+13.8

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Increase of less than 0.05 percent. 4/ Percentage change not computed on fewer than 100 recipients. 5/ Data for June; later data not available. 6/ Decrease of less than 0.05 percent. 7/ Includes an estimated number of cases receiving vendor medical payments only.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, September 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		August 1964 in--		Sept. 1963 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/....	1,001,785	4,158,451	3,122,718	$137,659,015	$137.41	$33.10	-0.4	+1.0	+6.6	+13.0
Ala. 3/.....	19,562	80,249	63,385	933,671	47.73	11.63	-3.3	-3.6	-11.9	-11.9
Alaska 3/.....	1,241	4,518	3,449	156,949	126.47	34.74	-1.2	-1.6	+2.1	+3.3
Ariz. 3/.....	9,412	40,471	30,455	1,174,950	124.84	29.03	+.2	-.2	-4.2	-4.2
Ark.....	6,995	28,810	21,643	486,880	69.60	16.90	(5/)	+.1	+9.1	+6.3
Calif. 3/ 4/...	115,372	466,787	348,477	20,457,178	177.31	43.83	-2.9	-2.0	+30.0	+31.9
Colo.....	10,439	40,997	31,856	1,431,868	137.17	34.93	+.3	-.1	+4.1	-2.6
Conn. 4/.....	14,525	57,880	41,948	2,678,816	184.43	46.28	+1.0	+2.6	+14.8	+27.7
Del. 4/.....	2,449	11,060	8,375	306,279	125.06	27.69	+10.9	+1.8	+21.1	+51.5
D. C.....	4,103	19,525	15,686	637,606	155.40	32.66	+1.2	+1.0	+7.0	+7.2
Fla.....	27,571	104,680	84,340	1,685,339	61.13	16.10	+.2	+.6	+.2	-1.3
Ga.....	16,341	65,937	50,501	1,458,071	89.23	22.11	+1.1	+1.1	+13.0	+7.3
Guam 6/.....	123	629	524	7,767	63.15	12.35	---	---	---	---
Hawaii 4/.....	3,141	13,461	9,990	459,686	146.35	34.15	-.2	-11.8	-.3	-8.2
Idaho.....	2,455	9,470	6,933	361,672	147.32	38.19	-.1	+.2	-2.7	-9.1
Ill. 3/ 4/.....	55,161	258,969	199,222	11,508,141	208.63	44.44	-.1	+.8	-.1	+5.4
Ind. 3/.....	11,917	48,210	35,983	1,385,656	116.28	28.74	+.2	-.2	+1.4	+6.2
Iowa.....	10,630	42,603	31,012	1,628,709	153.22	38.23	+1.2	+1.9	-.9	+1.9
Kans. 3/ 4/....	8,176	34,463	26,455	1,319,846	161.43	38.30	+2.4	+2.0	+14.6	+15.9
Ky. 3/.....	20,330	78,750	56,636	1,930,009	94.93	24.51	+.2	-1.2	+3.3	+1.8
La. 3/.....	23,474	102,675	77,792	2,367,312	100.85	23.06	+.2	+.2	+4.7	+5.2
Maine.....	5,233	19,034	14,055	550,337	105.17	28.91	-1.2	-1.1	-10.7	-13.2
Md. 3/ 4/.....	17,141	73,551	56,780	2,419,826	141.17	32.90	+1.7	+1.0	+21.5	+23.5
Mass. 4/.....	24,415	91,333	68,368	4,336,202	177.60	47.48	+.3	+1.8	+16.6	+18.3
Mich. 3/ 4/....	39,240	159,223	116,724	5,571,189	141.98	34.99	-.2	-.3	+27.1	+23.1
Minn. 3/.....	13,193	49,211	38,101	2,465,587	186.89	50.10	+1.9	+4.9	+14.2	+17.4
Miss.....	20,891	83,252	66,545	821,808	39.34	9.87	+.2	+.4	+2.7	+14.3
Mo. 3/.....	25,958	105,831	80,675	2,565,603	98.84	24.24	-.2	(5/)	+1.4	+3.8
Mont.....	1,736	6,961	5,397	246,965	142.26	35.48	-2.3	-1.2	+1.4	+7.5
Nebr.....	3,708	15,301	11,750	469,378	126.59	30.68	+1.1	+1.4	+11.9	+14.9
Nev.....	1,152	4,721	3,739	147,386	127.94	31.22	0	-.3	-4.4	-5.7
N. H.....	1,049	4,307	3,224	183,210	174.65	42.54	+3.0	+3.3	+7.1	+6.4
N. J.....	25,674	100,895	76,375	4,946,125	192.65	49.02	-.4	+.6	+10.7	+14.9
N. Mex. 3/.....	7,610	31,119	23,617	1,065,970	140.07	34.25	-1.9	-1.7	+1.1	+2.3
N. Y. 4/.....	114,283	492,732	361,878	23,202,315	203.03	47.09	+.3	+5.4	+12.4	+20.8
N. C. 3/.....	25,705	106,302	79,227	2,567,575	99.89	24.15	-.2	-.5	-3.2	-.1
N. Dak.....	1,868	7,413	5,694	308,635	165.22	41.63	+.8	-.9	+11.8	+18.4
Ohio 4/.....	41,019	169,355	126,521	5,399,274	131.63	31.88	(7/)	+2.5	+12.0	+20.1
Okla. 3/ 4/....	18,556	73,044	54,238	2,534,656	136.59	34.70	+.2	(5/)	+2.7	+1.8
Oreg. 3/ 5/ 8/.	7,146	27,692	20,709	1,097,629	153.60	39.64	-.8	-1.1	+2.0	+5.7
Pa. 4/.....	68,327	301,756	216,051	9,216,256	134.88	30.54	-2.4	(5/)	-6.9	+2.8
P. R.....	50,380	203,580	162,777	837,521	16.62	4.11	-.3	-.3	-5.6	+8.7
R. I. 4/.....	5,815	23,519	17,260	990,963	170.41	42.13	+.6	+1.1	+7.9	+14.4
S. C.....	7,393	29,625	23,775	472,821	63.96	15.96	-.7	+1.9	-8.5	-8.0
S. Dak.....	2,801	10,460	7,912	334,280	119.34	31.96	+1.1	+.9	+1.4	-7.2
Tenn. 3/.....	19,165	76,143	57,576	1,531,217	79.90	20.11	-.3	+.7	-3.4	+4.6
Tex.....	19,076	87,318	65,878	1,597,752	83.76	18.30	+1.1	+2.0	+5.0	+5.9
Utah 3/ 4/....	4,857	20,267	14,720	670,829	138.12	33.10	+1.9	-2.1	+12.2	+14.7
Vt.....	1,404	5,465	4,028	161,632	115.12	29.58	+1.6	+1.1	+14.1	+11.2
V. I.....	310	1,155	972	20,216	65.21	17.50	-1.9	-1.7	+2.6	+10.4
Va. 3/.....	10,568	44,891	34,549	1,103,854	104.45	24.59	+.9	+3.0	+3.2	+7.3
Wash. 3/ 4/....	15,609	60,645	43,683	2,237,073	143.32	36.89	-1.8	+4.5	+26.8	+15.5
W. Va. 3/ 4/...	24,952	114,459	79,147	3,033,752	121.58	26.51	-.8	-.9	-7.7	-8.3
Wis. 3/.....	11,269	44,407	33,530	2,045,071	181.48	46.05	-.2	+.4	+4.2	+5.0
Wyo.....	865	3,340	2,581	129,703	149.95	38.83	+1.4	+4.1	+6.9	+10.5

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Increase of less than 0.05 percent. 6/ Data for June; later data not available. 7/ Decrease of less than 0.05 percent. 8/ Includes an estimated number of families, recipients and children receiving vendor medical payments only.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, September 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per--		August 1964 in--		September 1963 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total...	58,959	339,911	227,968	$10,849,948	$184.03	$31.92	-4.9	-1.0	+24.0	+35.3
Calif.....	8,296	48,144	32,793	1,741,755	209.95	36.18	-12.0	-7.1	(3/)	(3/)
Conn.....	1,941	10,690	6,981	339,057	174.68	31.72	-4.9	-4.6	+12.5	+46.7
Del.....	257	1,516	1,037	41,159	160.15	27.15	-8.8	-9.1	+5.3	+28.8
Hawaii....	285	1,754	1,208	49,834	174.86	28.41	-5.3	-10.7	-12.0	-17.6
Ill.....	6,396	41,235	28,703	1,705,253	266.61	41.35	-2.0	-1.0	-17.0	-11.4
Kans.....	364	2,196	1,485	67,064	184.24	30.54	+9.4	+17.6	+160.2	+122.3
Md.....	365	2,235	1,523	64,635	177.08	28.92	-1.1	+2.1	+3.1	+5.2
Mass.....	643	3,434	2,284	126,768	197.15	36.92	-.8	+1.8	+13.7	+23.6
Mich.....	3,707	23,227	15,894	694,314	187.30	29.89	-2.3	-2.9	(3/)	(3/)
N. Y.....	13,518	78,049	52,944	2,675,314	197.91	34.28	-3.4	+5.9	+8.8	+19.7
Ohio.....	2,017	11,345	7,551	344,338	170.72	30.35	-2.5	+2.6	(3/)	(3/)
Okla.....	18	96	64	2,962	(4/)	(4/)	(4/)	(4/)	-16.5	-9.8
Oreg. 5/..	511	2,593	1,870	88,247	172.69	34.03	-11.1	-11.0	+93.5	+98.6
Pa.....	7,542	41,746	27,207	991,852	131.51	23.76	-9.7	-4.8	-31.6	-26.5
R. I.....	516	2,907	1,904	106,367	206.14	36.59	-1.4	-2.0	+.2	+8.0
Utah.....	857	4,736	3,238	94,698	110.50	20.00	+10.5	-2.8	+14.0	+6.5
Wash.....	1,558	8,428	5,355	221,941	142.45	26.33	-6.4	+2.5	+100.8	+71.3
W. Va.....	10,168	55,580	35,927	1,494,390	146.97	26.89	-1.6	-1.6	-7.2	-8.2

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ No program in operation in September 1963. 4/ Average payment not computed on base of fewer than 50 families; percentage change on fewer than 100 recipients. 5/ Includes an estimated number of families,-recipients and children receiving vendor medical payments only.

Table 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, September 1964 1/

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total.....	19,008	121,297	19,020	17,410	84,867	$3,138,267	$2,330,491	$165.10	$122.61
Calif.....	3,822	35,691	3,832	3,420	28,439	867,528	276,761	226.98	72.41
Ill. 3/.....	2,549	16,026	2,551	2,262	11,213	574,019	433,580	225.19	170.10
Kans.....	66	367	66	57	244	13,263	7,837	200.95	118.74
Md.....	115	735	115	113	507	21,862	12,390	190.10	107.74
Ohio.....	1,281	7,256	1,281	1,100	4,875	205,860	191,444	160.70	149.45
Oreg.....	72	341	72	38	231	15,064	5,370	209.22	74.58
Pa. 3/.....	711	4,073	711	711	2,651	119,827	84,126	168.53	118.32
Wash.....	224	1,228	224	224	780	32,500	30,639	145.09	136.78
W. Va.....	10,168	55,580	10,168	9,485	35,927	1,288,344	1,288,344	126.71	126.71

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Plan material submitted but not yet approved.

Table 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, September 1964 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	5,153	2/ 4,060	2/ 188	2,171	$385,276	$74.77	2/ $269,437	2/ $30,299
Ala.....	8	8	0	4	308	(3/)	308	0
Alaska.....	65	65	0	23	5,702	87.72	5,702	0
Ariz.....	181	181	0	68	8,538	47.17	8,538	0
Calif.....	1,025	924	101	493	98,747	96.34	76,935	21,812
Ill.....	905	(2/)	(2/)	363	85,540	94.52	(2/)	(2/)
Ind.....	92	92	0	40	4,289	46.62	4,289	0
Kans.....	61	58	3	28	5,651	92.64	5,314	337
Ky.....	11	11	0	5	770	(3/)	770	0
La.....	448	424	24	182	28,510	63.64	26,162	2,348
Md.....	408	383	25	147	29,838	73.13	27,695	2,143
Mich.....	49	47	2	20	2,880	(3/)	2,640	240
Minn.....	167	154	13	100	14,264	85.41	12,105	2,159
Mo.....	59	59	0	20	1,870	31.69	1,870	0
N. Mex.....	51	51	0	14	3,087	60.53	3,087	0
N. C.....	21	21	0	5	999	(3/)	999	0
Okla.....	303	303	0	120	14,016	46.26	14,016	0
Oreg.....	104	104	0	40	8,338	80.17	8,338	0
Tenn.....	236	223	13	76	15,537	65.83	14,674	863
Utah.....	228	228	0	102	12,735	55.86	12,735	0
Va.....	41	41	0	15	1,847	(3/)	1,847	0
Wash.....	496	496	0	220	28,187	56.83	28,187	0
W. Va.....	33	26	7	19	1,783	(3/)	1,386	397
Wis.....	161	161	0	67	11,840	73.54	11,840	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois, breakdown not available. 3/ Average payment not computed on base of fewer than 50 children.

Table 11. General assistance: Recipients and payments to recipients, by State, September 1964 1/

(Excludes vendor payments for medical care and cases receiving only such payments)

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		August 1964 in--		September 1963 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	321,000	701,000	$21,226,000	$66.18	$30.27	-1.5	+1.4	-6.6	+0.6
Ala.	69	69	877	12.71	12.71	(3/)	(3/)	(3/)	(3/)
Alaska	138	425	9,482	68.71	22.31	+88.1	+3.0	-40.7	-27.3
Ariz.	2,085	5,225	111,551	53.50	21.35	+10.9	+6.2	+12.5	-9.6
Ark.	315	1,143	4,437	14.09	3.88	-22.7	-21.4	-1.0	-13.4
Calif.	24,481	41,302	1,454,799	59.43	35.22	-2.3	-.6	-37.5	-22.2
Colo.	1,170	3,866	48,732	41.65	12.61	-9.1	-4.6	-12.5	-5.3
Conn.	4/ 4,021	4/ 9,648	4/ 249,435	62.03	25.85	+2.1	-1.4	-11.9	-13.4
Del.	1,433	2,558	74,032	51.66	28.94	-4.4	-3.9	+8.9	+9.5
D. C.	689	759	52,111	75.63	68.66	+.5	(5/)	+21.4	+24.1
Fla. 6/	8,200	(7/)	249,000	---	---	---	---	---	---
Ga.	2,376	5,836	71,655	30.16	12.28	+6.0	+3.9	+16.5	+5.4
Guam 8/	14	29	524	(3/)	(3/)	---	---	---	---
Hawaii	1,065	1,347	74,777	70.21	55.51	-1.9	-1.7	-.2	+8.9
Ill.	27,480	58,708	2,237,430	81.42	38.11	+.2	+.4	+6.9	+5.1
Iowa 6/	3,800	8,600	130,000	---	---	---	---	---	---
Kans.	2,839	7,002	192,074	67.66	27.43	+.9	+4.3	-8.3	+1.1
Ky.	1,285	4,481	50,446	39.26	11.26	+14.1	+1.6	+.8	-22.2
La.	8,256	9,036	429,107	51.98	47.49	+.4	-.5	+5.2	+5.8
Maine	2,270	7,449	106,236	46.80	14.26	+2.1	+12.5	-7.8	-1.9
Md.	6,473	7,368	477,652	73.79	64.83	+.8	+1.8	+30.8	+32.5
Mass.	7,583	15,404	560,499	73.92	36.39	-3.4	+8.2	+4.1	+17.2
Mich.	21,049	62,644	1,698,946	80.71	27.12	-.4	+2.4	-34.8	-37.7
Minn.	9,316	24,843	758,784	81.45	30.54	+3.1	+3.0	+7.0	+12.8
Miss.	1,290	1,750	19,781	15.33	11.30	+.3	-1.2	+34.7	+32.7
Mo.	9,574	12,433	632,575	66.07	50.88	+1.1	+1.1	+3.3	+3.5
Mont.	1,129	3,279	56,539	50.08	17.24	-17.4	+.4	-7.7	+5.7
Nev.	292	597	18,216	62.38	30.51	+7.0	-5.0	+5.7	+7.7
N. H.	871	2,908	53,048	60.90	18.24	-.6	+3.1	+7.9	+8.2
N. J. 9/	9,077	29,526	1,120,830	123.48	37.96	+2.3	+5.7	+.1	+2.0
N. Mex.	532	906	19,717	37.06	21.76	+26.0	+8.3	+3.9	-4.0
N. Y. 10/	44,413	97,583	3,802,104	85.61	38.96	+2.1	+4.0	+22.5	+32.6
N. C.	1,674	4,708	49,251	29.42	10.46	+4.6	+22.3	+11.5	+5.3
N. Dak.	282	1,114	16,523	58.59	14.83	+3.9	+7.3	+9.4	+3.1
Ohio	29,382	97,022	1,912,366	65.09	19.71	-12.7	-5.9	-4.2	-8.0
Okla.	8,016	(7/)	99,554	12.42	---	---	+1.5	---	+3.1
Oreg.	3,780	(7/)	210,046	55.57	---	---	+14.7	---	-10.7
Pa.	36,432	43,863	2,315,602	63.56	52.79	-.6	-.2	-3.0	+5.2
P. R.	829	829	5,557	7.91	7.91	-33.9	-37.7	-16.0	-11.4
R. I.	3,037	6,970	176,633	58.16	25.33	+4.7	+1.9	+24.0	+32.0
S. C.	1,311	1,518	40,869	31.17	26.92	-1.0	-3.3	-7.6	-10.5
S. Dak.	340	1,139	10,873	31.98	9.55	-1.0	+3.1	+20.5	+21.9
Tenn.	1,629	3,631	39,435	24.21	10.86	-8.1	+4.5	-30.0	+21.1
Tex. 11/ 12/	9,500	(7/)	328,000	---	---	---	---	---	---
Utah	1,485	4,261	117,502	79.13	27.58	+14.3	+15.4	+25.1	+46.3
Vt. 11/ 12/	1,000	(7/)	27,000	---	---	---	---	---	---
V. I.	181	187	5,588	30.87	29.88	+9.4	+1.6	+2.7	-.8
Va.	2,668	6,442	116,834	43.79	18.14	+12.2	+4.0	+3.8	+5.7
Wash.	7,342	12,641	509,525	69.40	40.31	+2.7	+3.3	-7.2	+7.7
W. Va.	1,595	2,757	57,852	36.27	20.98	+4.2	+2.3	+34.6	+23.8
Wis.	7,325	21,947	666,583	91.00	30.37	+.3	+2.4	-2.0	+9.3
Wyo.	316	1,036	21,657	68.53	20.90	+4.6	+6.5	+6.0	+19.1

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 9 percent of this total is estimated. 5/ Decrease of less than 0.05 percent. 6/ Partly estimated. 7/ Data not available. 8/ Data for June; later data not available. 9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 10/ Includes an unknown number of cases and persons receiving only medical care. 11/ Estimated on basis of reports from sample of local jurisdictions. 12/ Data for August, September data not available.

Table 12. Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1964 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
Total.....	$34,442,585	$38,264,547	$956,733	$9,841,013	$11,622,393	$9,328,000
Ala.....	1,054,810	64,152	4,536	62,433	1,388	---
Alaska 3/	27,264	---	---	12,402	83	87,472
Ariz.....	64,380	---	---	---	---	---
Ark.....	711,252	146,299	17,406	194,627	47,493	27,121
Calif.....	3,613,280	8,352,633	192,128	1,041,813	1,198,929	96,161
Colo.....	450,663	755,584	4,073	79,201	102,780	82,116
Conn.....	136,723	4/ 1,246,906	13,326	233,117	395,454	(5/)
Del.....	15,403	---	1,252	---	---	---
D. C.....	58,318	221,883	308	24,240	437	136
Fla. 3/.....	1,284,797	190,197	23,197	262,345	63,982	---
Ga.....	831,531	---	10,608	169,484	---	---
Guam 6/..... ...	1,434	1,108	---	---	---	---
Hawaii 3/.....	6,331	143,884	2,177	67,282	30,866	8,077
Idaho.....	47,144	294,792	85	22,139	---	---
Ill. 3/.....	2,652,028	326,758	75,540	807,016	1,579,557	7/ 833,844
Ind.....	857,692	---	40,827	88,166	218,842	---
Iowa.....	1,020,067	481,721	11,441	---	161,721	7/8/ 259,000
Kans.....	357,170	4/ 322,736	7,644	87,582	150,763	88,142
Ky. 3/.....	549,849	242,474	16,282	116,380	179,592	---
La.....	2,247,151	88,640	6,510	101,248	25,095	4,428
Maine 3/.....	344,472	97,121	3,784	41,440	26,165	80,073
Md. 3/.....	100,398	386,403	3,642	78,078	---	1,999
Mass.....	1,046,561	4/ 4,489,021	43,795	905,431	478,581	223,498
Mich.....	636,319	2,120,022	12,158	187,915	210,090	496,565
Minn.....	1,220,603	4/ 2,126,655	46,386	44,595	411,674	338,092
Miss.....	162,796	---	3,696	---	---	---
Mo.....	934,043	---	---	47,504	51,549	20,202
Mont.....	1,839	---	---	---	30	7/ 374,288
Nebr.....	635,211	40,099	32,146	114,534	42,945	---
Nev.....	60,451	---	4,091	(9/)	9,350	7/ 241,415
N. H.....	96,343	57,557	5,433	20,456	30,885	(5/)
N. J.....	264,232	4/ 1,325,550	11,285	244,563	275,522	267,865
N. Mex. 3/.....	229,560	---	7,460	82,940	140,067	12,671
N. Y.....	1,100,991	4/ 9,199,923	84,715	1,891,352	2,680,933	276,939
N. C.....	445,451	---	24,920	254,036	189,552	7/ 105,004
N. Dak. 3/.....	143,982	4/ 262,300	1,792	83,371	52,604	7/ 15,491
Ohio.....	1,621,537	---	38,478	293,182	509,073	7/ 1,131,987
Okla. 3/.....	1,491,318	134,126	29,952	239,580	180,763	(5/)
Oreg.....	143,015	508,979	4,799	160,430	80,098	63,024
Pa.....	333,958	1,804,927	70,178	343,956	742,453	934,341
P. R.....	33,635	114,580	---	---	---	---
R. I. 3/.....	103,045	---	1,750	52,979	150,287	7/ 67,930
S. C.....	307,304	142,615	13,877	68,254	23,821	15,801
S. Dak.....	108,240	24,560	---	---	---	7/ 92,393
Tenn.....	521,025	339,778	2,805	33,228	49,888	---
Tex.....	2,838,184	---	---	---	---	---
Utah.....	35,783	227,383	3,381	122,876	61,429	327
Vt. 3/.....	206,330	32,520	1,354	22,291	---	---
V. I.....	2,682	1,879	4	87	155	170
Va.....	255,630	146,102	13,000	94,902	54,475	7/ 16,793
Wash.....	629,594	1,404,224	16,955	518,644	288,184	122,273
W. Va.....	156,950	149,136	4,818	65,318	408,841	14,014
Wis.....	2,201,101	242,180	42,155	449,123	306,449	245,303
Wyo.....	42,715	7,140	584	10,473	9,548	50,351

1/ For State programs not shown, no vendor payments were made during the month or such payments were not reported. 2/ Includes vendor payments for medical care from general assistance funds and from special funds; total includes estimated amount for States reporting these data semiannually but not on a monthly basis. 3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Includes money payments not subject to Federal participation as follows: $246 in Connecticut, $11,126 in Kansas, $98,147 in Massachusetts, $73,837 in Minnesota, $8,160 in New Jersey, $50,360 in New York, and $2,555 in North Dakota. 5/ Data not available. 6/ Data for June, later data not available. 7/ Includes payments made in behalf of recipients of the special types of public assistance. 8/ Partly estimated. 9/ No program for aid to the permanently and totally disabled.

Table 13. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, September 1964 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
Total	$77.94	$62.01	$15.93	$183.65	$84.46	$74.58	$9.88	$78.62	$59.50	$19.11	$33.10	$30.31	$2.79
Ala.	67.55	58.04	9.51	299.78	67.38	64.85	2.52	45.93	41.69	4.23	11.63	11.62	.02
Alaska 2/	89.30	69.60	19.70	---	79.14	79.14	---	129.15	64.89	64.26	34.74	34.72	.02
Ariz.	63.24	58.40	4.84	---	72.15	72.15	---	67.44	67.44	---	29.03	29.03	---
Ark.	64.05	51.92	12.13	55.61	70.04	61.10	8.94	60.06	39.19	20.86	16.90	15.25	1.65
Calif.	108.61	95.32	13.29	287.27	131.39	116.05	15.34	113.28	93.29	19.99	43.83	41.26	2.57
Colo.	90.86	80.76	10.10	187.26	81.73	65.75	15.97	46.69	38.81	7.88	34.93	32.42	2.51
Conn.	80.95	62.53	18.42	203.18	108.21	65.77	42.44	74.14	42.71	31.43	46.28	39.45	6.83
Del.	64.27	52.80	11.47	---	81.84	77.64	4.20	73.72	73.72	---	27.69	27.69	---
D. C.	87.80	63.55	24.25	278.75	73.61	72.09	1.52	79.18	71.49	7.69	32.66	32.63	.02
Fla. 2/	67.20	49.58	17.62	375.88	68.61	59.70	8.91	71.71	56.17	15.53	16.10	15.49	.61
Ga.	56.44	47.43	9.01	---	59.17	55.85	3.32	60.69	54.30	6.38	22.11	22.11	---
Guam 3/	35.40	26.38	9.02	(4/)	(4/)	(4/)	---	24.96	24.96	---	12.35	12.35	---
Hawaii 2/	62.71	57.29	5.41	278.31	97.76	67.53	30.24	118.92	53.15	65.77	34.15	31.86	2.29
Idaho	71.89	61.53	10.36	137.75	72.40	71.76	.64	56.75	49.13	7.62	38.19	38.19	---
Ill. 2/	92.44	46.05	46.39	344.32	93.22	63.05	30.17	95.90	67.47	28.43	44.44	38.34	6.10
Ind.	82.15	44.92	37.23	---	85.26	62.11	23.14	116.53	47.76	68.77	28.74	24.20	4.54
Iowa	92.29	56.11	36.18	76.51	100.41	90.74	9.66	82.60	82.60	---	38.23	34.43	3.80
Kans.	86.48	70.19	16.30	129.15	91.82	76.80	15.02	107.68	89.12	18.56	38.30	33.92	4.37
Ky. 2/	60.25	50.64	9.61	28.39	70.53	63.86	6.67	73.88	62.53	11.35	24.51	22.23	2.28
La.	85.13	67.91	17.22	189.40	81.51	79.19	2.32	58.29	53.01	5.27	23.06	22.81	.24
Maine 2/	84.26	53.26	30.99	252.26	83.88	72.38	11.50	87.97	69.47	18.50	28.91	27.54	1.37
Md. 2/	72.63	62.33	10.31	36.82	80.16	70.84	9.31	78.15	67.81	10.34	32.90	32.90	---
Mass.	89.65	70.17	19.47	164.24	143.34	124.28	19.06	141.58	66.93	74.66	47.48	42.24	5.24
Mich.	90.27	77.39	12.88	374.43	85.31	78.03	7.28	107.04	84.74	22.31	34.99	33.67	1.32
Minn.	89.38	52.64	36.75	203.55	110.25	66.70	43.55	62.80	50.23	12.57	50.10	41.74	8.37
Miss.	39.38	37.17	2.21	---	45.50	44.17	1.33	43.47	43.47	---	9.87	9.87	---
Mo.	67.68	58.60	9.08	---	75.00	75.00	---	70.74	67.53	3.22	24.24	23.76	.49
Mont.	72.00	71.66	.34	---	82.92	82.92	---	78.40	78.40	---	35.48	35.47	(5/)
Nebr.	91.54	41.07	50.48	326.01	104.92	54.69	50.23	92.70	47.33	45.38	30.68	27.87	2.81
Nev.	89.89	66.59	23.30	---	117.83	92.42	25.41	(6/)	(6/)	(6/)	31.22	29.24	1.98
N. H.	101.27	79.53	21.74	46.16	107.46	86.72	20.74	112.99	77.97	35.03	42.54	35.37	7.17
N. J.	81.22	62.25	18.97	250.20	87.58	75.65	11.93	96.71	68.22	28.49	49.02	46.29	2.73
N. Mex. 2/	79.35	58.08	21.27	---	94.44	72.81	21.62	91.04	69.08	21.96	34.25	29.75	4.50
N. Y.	92.40	72.81	19.59	278.62	110.54	83.66	26.88	126.57	72.42	54.15	47.09	41.65	5.44
N. C.	61.67	51.42	10.25	---	67.78	62.82	4.96	70.34	58.73	11.61	24.15	22.37	1.78
N. Dak. 2/	89.46	62.45	27.02	217.50	88.10	64.83	23.27	116.20	61.71	54.49	41.63	34.54	7.10
Ohio	85.29	65.84	19.46	---	81.12	69.64	11.48	77.48	62.17	15.31	31.88	28.88	3.01
Okla. 2/	95.20	77.29	17.91	145.00	121.53	103.54	17.99	110.48	92.71	17.77	34.70	32.23	2.47
Oreg.	70.33	57.04	13.29	142.53	86.77	75.50	11.27	66.49	45.55	20.95	39.64	36.74	2.89
Pa.	69.54	62.37	7.17	218.46	74.73	70.79	3.94	73.63	56.43	17.20	30.54	28.08	2.46
P. R.	9.53	8.46	1.07	32.10	8.35	8.35	---	8.60	8.60	---	4.11	4.11	---
R. I. 2/	94.47	77.35	17.12	---	91.77	74.27	17.50	94.53	75.30	19.23	42.13	35.74	6.39
S. C.	52.08	40.24	11.84	165.06	62.21	54.49	7.71	53.15	45.34	7.81	15.96	15.16	.80
S. Dak.	84.38	69.38	15.00	70.17	69.80	69.80	---	69.47	69.47	---	31.96	31.96	---
Tenn.	53.72	42.20	11.52	37.40	51.58	50.28	1.30	51.31	48.71	2.60	20.11	19.45	.66
Tex.	70.06	57.71	12.36	---	69.38	69.38	---	57.21	57.21	---	18.30	18.30	---
Utah	64.54	57.25	7.29	113.98	77.03	57.26	19.77	65.69	40.44	25.24	33.10	30.07	3.03
Vt. 2/	85.68	47.68	38.01	230.64	71.84	60.16	11.67	80.66	60.67	19.99	29.58	29.58	---
V. I.	37.33	31.33	6.00	28.91	(4/)	(4/)	(4/)	33.17	32.17	1.00	17.50	17.37	.13
Va.	64.24	45.13	19.11	94.26	69.90	58.40	11.50	69.07	55.16	13.92	24.59	23.38	1.21
Wash.	81.11	62.09	19.02	142.17	95.84	70.61	25.23	60.61	32.13	28.48	36.89	32.14	4.75
W. Va.	49.36	38.48	10.88	21.76	47.58	41.62	5.96	50.71	39.82	10.89	26.51	22.93	3.57
Wis.	107.04	31.51	75.53	203.68	103.42	50.39	53.03	113.01	38.23	74.78	46.05	39.15	6.90
Wyo.	86.10	69.09	17.01	(4/)	79.18	69.45	9.73	85.05	68.24	16.81	38.83	35.97	2.86

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Data for June; later data not available. 4/ Average payment not computed on base of fewer than 50 recipients. 5/ Less than 1 cent. 6/ No program for aid to the permanently and totally disabled.

Old-age, survivors, and disability insurance benefits, summary data, September 1964

CURRENT MONTH DATA

Type of benefit	Benefits awarded in September 1964		Benefits in current-payment status end of September 1964			Amount of benefits paid 1/ in September 1964 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	299,804	---	---	---	---	$1,365,380
Total, OASI	261,667	---	---	---	---	1,253,856
Monthly benefits, OASI and DI	210,832	---	19,702,804	$1,315,270	---	1,347,525
Monthly benefits, OASI	172,695	---	18,147,299	1,215,076	---	1,236,001
Monthly benefits, DI	38,137	---	1,555,505	100,194	---	111,524
Old-age (retired-worker)	82,839	$80.80	10,604,611	821,300	$77.45	827,381
Disability (disabled-worker)	18,815	95.73	883,782	80,441	91.02	88,892
Wife's or husband's (OASI and DI)	30,779	38.72	2,783,116	110,338	39.65	112,876
Wife's or husband's (OASI)	24,929	39.78	2,603,285	104,547	40.16	106,152
Wife's or husband's (DI)	5,850	34.22	179,831	5,791	32.20	6,724
Widow's or widower's	24,068	73.13	2,126,292	143,765	67.61	149,202
Parent's	280	81.57	36,528	2,551	69.84	2,783
Child's (OASI and DI)	45,339	---	2,794,527	128,692	---	136,466
Child's (OASI--total)	31,867	---	2,302,635	114,730	---	120,558
Child's (OASI--life) 2/	7,748	28.91	426,094	11,965	28.08	12,598
Child's (OASI--survivor) 2/	24,119	52.66	1,876,541	102,766	54.76	107,960
Child's (DI)	13,472	28.71	491,892	13,962	28.38	15,908
Mother's	8,712	61.19	473,948	28,182	59.46	29,925
Lump-sum death payments	88,972	3/214.65	---	---	---	17,855

COMPARATIVE DATA

Item	September 1964	August 1964	September 1963
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	19,702,804	19,649,833	18,872,973
Total, OASI	18,147,299	18,111,701	17,458,242
Total, DI	1,555,505	1,538,132	1,414,731
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,365,380	$1,360,472	$1,297,930
Total, OASI	1,253,856	1,250,591	1,196,804
Total, DI	111,524	109,880	101,127
Number of old-age (retired-worker) benefits:			
Awarded	82,839	90,394	93,200
In current-payment status, end of month	10,604,611	10,584,360	10,185,523
Average old-age (retired-worker) benefit:			
Awarded	$80.80	$81.22	$79.47
In current-payment status, end of month	77.45	77.43	76.81
Number of disability insurance (disabled-worker) benefits:			
Awarded	18,815	17,974	17,052
In current-payment status, end of month	883,782	874,493	806,597
Average disability insurance (disabled-worker) benefit:			
Awarded	$95.73	$95.68	$94.91
In current-payment status, end of month	91.02	90.95	90.47
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	15,404,000	15,369,000	14,788,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	13,534,000	13,502,000	13,014,000
Assets of trust funds, end of month (in millions):			
OASI	$19,984	$20,131	$18,960
DI	2,229	2,254	2,364

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump-sum per worker; 83,180 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

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